



Notice of Privacy Practices for Heart 'n Home Hospice & Palliative Care, LLC

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.

Purpose of this Notice: It is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal obligation and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how Heart 'n Home is permitted to use and disclose PHI about you.

Uses and Disclosure of PHI: Heart 'n Home may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

1. For Treatment. This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment. This information may be obtained from an Assisted Living Facility, Skilled Nursing Facility, and/or your care provider. It also includes information we give to other health care providers whom we share your care with e.g. labs, pharmacies', equipment supply businesses, staff at assisted livings, skilled nursing facilities, or your caregiver.
2. For Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing you PHI and submitting bills claims for services rendered, medical necessity determinations and reviews, Centers for Medicaid and Medicare Services electronic billing etc.
3. For Health Care Operations. This includes quality assurance activities, licensing, and training programs to ensure our personnel meet standards of care, and follow established policies and procedures when coordinating with laboratories, pharmacies, therapies, other physician offices, our medical directors' office for consults with other professionals regarding your care.

Use and Disclosure of PHI without Your Authorization: Heart 'n Home is permitted to use PHI without your written permission or opportunity to object in certain situations, including:

1. Treating you or in obtaining payment for services provided for you or in other health care operations;
2. For the treatment activities of another health care provider;
3. To another health care provider or entity in order to arrange payment to the provider or entity that receives said information;

4. To another health care provider such as; labs, pharmacies, therapists, etc. for health care operations, as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
5. For health care fraud and abuse detection or activities related to compliance with the law;
6. To a family member, or caregiver involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or caregiver if we infer from the circumstances that you would not object. For example; in situation where you are not capable of objecting (comatose, unable to speak, demented, or Alzheimer's, etc.) we may, in our professional judgment, determine that a disclosure to your family member, relative or caregiver is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care;
7. To a public health authority in certain situation such as death or disease as required by law, as part of a public health investigation, to report child or adult abuse, neglect, or domestic violence;
8. For health oversight activities including adults, government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government by law to oversee the health care system;
9. For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
10. For law enforcement activities in limited situations, such as when there is a subpoena for the request, or when the information is needed to locate a suspect or stop a crime;
11. For military, national defense, national security, and other special government functions;
12. To avert a serious threat to the health and safety of a person or the public at large;
13. For worker's compensation purposes, and to remain in compliance with worker's compensation laws;
14. To coroners, medical examiners, and funeral directors, for identifying a need to take care of the deceased, determining cause of death, or carrying on their duties as authorized by law;
15. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are;
16. For research projects, which will be subject to strict oversight and approvals. Health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization (authorization must specifically identify the information we seek to use or

disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on the authorization.

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

1. The right to access, copy, or inspect your PHI: This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information. You may appeal certain types of denial to the Compliance Officer listed at the end of this notice.
2. The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, such as when the information you have asked us to amend is correct. If you wish to request that we amend the medical information we have about you, you should contact the Compliance Officer listed at the end of this notice.
3. The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health information with our business associates, such as our billing company or medical facility. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the Compliance Officer listed at the end of this notice.
4. The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. If you request a restriction and the information you ask us to restrict is needed to provide you with emergency treatment, then we may disclose the PHI to a health care provider in order to provide you with appropriate emergency treatment.
5. Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: If Heart 'n Home maintains a website; we will prominently post a copy of this Notice on our website and make the Notice available electronically through the website. If you allow us, we will forward this Notice to you by electronic mail in lieu of a paper copy. You may always request a paper copy of the Notice.

6. Revisions of this Notice: Heart 'n Home reserves the right to change the terms of this Notice at any time and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facility and posted on our website if we have one. You can get a copy of the latest version of this Notice by contacting the Compliance Officer identified below.
7. Your legal rights and Complaints: You have the right to complain to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not face retaliation in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints, you may direct all inquiries to the Compliance Officer or call the toll free Guidance Line listed at the end of this Notice.

Heart 'n Home has forms available to request access to your PHI and we will provide written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the Compliance Officer listed at the end of this Notice.

If you have questions or if you wish to make a complaint or exercise any rights listed in this Notice please contact:

Compliance Officer
Heart 'n Home Hospice & Palliative Care, LLC
1100 NW 12th St.
Fruitland, ID 83619
(208) 452-2663

Anonymous questions or complaints may also be directed to the Guidance Line at the Hospice Compliance Network. The Guidance Line is not a government entity. The purpose and substance of your call will be forwarded to the Heart 'n Home Compliance Officer; all calls can be made anonymously and without fear of retribution.

Toll Free: 888-765-7408
E-mail: Guidanceline@HospiceCompliance.net

Guidance Line
Hospice Compliance Network
PO Box 104
Penfield, New York 14526