

Notice of Privacy Practices

Your Information.

Your Rights.

Our Responsibilities.



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

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2 for more information on these rights and how to exercise them**

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise Funds

➤ **See page 3 for more information on these choices and how to exercise them**

Our Uses & Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4 for more information on these uses and disclosures**

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. A request for an amendment of the records must be made in writing to Daryl DeHuff RN – Privacy Officer.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You may ask that we only conduct communications pertaining to your health information with you privately with no other family members present.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may also obtain a copy of this notice on our website: www.wingsofhopehospice.com

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us: Daryl DeHuff, RN(Privacy Officer)530 Linn Street, Allegan, MI 49010 or 269-686-8659
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses & Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
-

*****Wings of Hope Hospice does not create or maintain psycho therapy notes.***

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you, as well as any health information we receive in the future. The new notice will be available upon request, in our office, and on our web site.

Effective Date

This Notice is effective April 1, 2014

Questions Regarding This Notice

Wings of Hope Hospice has designated the Privacy Officer, Daryl DeHuff RN as its contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards. You may contact this person at 530 Linn Street, Allegan, MI 49010 – Phone: 269-686-8659

****Acknowledgement of receiving this Notice is obtained when signing the Election of Hospice Benefit – Informed Consent**

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT**



Patient Name: _____ Medical Record No. _____

Address: _____

I have been given a copy of Wings of Hope Hospice’s *Notice of Privacy Practices* (“*Notice*”), which describes how my health information is used and shared. I understand that Wings of Hope Hospice has the right to change this *Notice* at any time. I may obtain a current copy of this *Notice* by contacting the Privacy Official (Daryl DeHuff RN), or by visiting the Wings of Hope Hospice website at www.wingsofhopehospice.com.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Patient or Personal Representative Date

Print Name

Personal Representative’s Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)



For Facility Use Only: Complete this section if you are unable to obtain a signature.

1. If the patient or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the patient’s (or personal representative’s) signature on the *Acknowledgement*:

Completed by:

Signature of Representative Date

Print Name

Internet Privacy Policy

***Wings of Hope Hospice* Internet Privacy Policy**

Wings of Hope Hospice is pleased to provide information to all of its customers about its online privacy policy. Please be assured that *Wings of Hope Hospice* uses its best efforts to protect the privacy of visitors to this web site.

Types of Information We Collect and How It Is Used

Wings of Hope Hospice only gathers personal information, such as, first and last names, home addresses, email addresses and credit card numbers, when voluntarily submitted by you. If you make an online donation, personal information will be collected from you in order to process that donation.

With your permission, we will use personal information collected from you to send you information, such as, *Wings of Hope Hospice* newsletters, special event invitations, and fund-raising campaigns. If you opt-out of receiving such materials, we will not send them to you. We do not sell, rent, or exchange our mailing lists and we do not disclose any financial information you provide us with any third party. Any personal or financial information we collect during a donation or event will be used solely utilized to process and receipt your donation, to respond to any information requests you may have, or to request voluntary time or monetary contributions to benefit *Wings of Hope Hospice* in the future.

Sharing of Personal Information

Companies may be engaged by *Wings of Hope Hospice* to perform a variety of functions, such as, assisting with donation collection, providing technical services for our web sites, etc. These companies may have access to personal information if needed to perform such functions. However, these companies may only use such personal information for the purpose of performing that function and may not use it for any other purpose. Other than as provided in this privacy policy, *Wings of Hope Hospice* does not sell, transfer or disclose personal information to third parties.

Wings of Hope Hospice reserves the right to use or disclose any information as needed to satisfy any law, regulation or legal request, to protect the integrity of the site, to fulfill your requests, or to cooperate in any law enforcement investigation or an investigation on a matter of public safety.

Access

You are in control of any personal information you provide to us on-line. If at any time, you would like to correct the personal information we have about you or if you would like to change your preferences for contacts from us, you can let us know by contacting us at the postal address listed below.

Cookies

“Cookies” are pieces of information that a web site transfers to an individual’s hard drive for record-keeping purposes. Cookies allow the web site to remember important information that will make your use of the site more convenient. Like most web sites, *Wings of Hope Hospice* uses cookies for a variety of purposes in order to improve your on-line experience. For example, we track the total number of visitors to our site on an anonymous aggregate basis. We may also employ cookies so that we remember you when you return to the site. We may associate personal information with a cookie file in that instance.

Use the options in your web browser if you do not wish to receive a cookie or if you wish to set your browser to notify you when you receive a cookie. Click on the “Help” section of your browser to learn how to change your cookie preferences. If you disable all cookies, you may not be able to take advantage of all the features of this web site.

Links to Other Sites

We may offer links to sites that are not operated by *Wings of Hope Hospice*. If you visit one of these linked sites, you should review their privacy and other policies. We are not responsible for the policies and practices of other companies.

Changes to our Privacy Policy

This privacy policy is effective as of *February 19, 2018*. From time to time, it may be necessary for *Wings of Hope Hospice* to change this privacy policy, so we suggest that you check here periodically. Rest assured, however, that any changes will not be retroactively applied and will not alter how we handle previously collected information.

How to Contact Us

If you have any questions about the *Wings of Hope Hospice* Internet Privacy Policy, or would like to opt-out of future fundraising communications, please contact us at:

Wings of Hope Hospice
530 Linn St., Allegan, MI 49010
269-686-8659
wings@wingsofhopehospice.com