

Passages

NOTICE OF PRIVACY PRACTICES

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

Effective Date: March 17, 2014

Passages Program is required by law to maintain the privacy of health information. This document describes the Passages Program privacy practices and how we may use and disclose your protected health information. It also sets forth our responsibilities as required by the Health Insurance Portability and Accountability Act (HIPAA) and your rights to access and control the use and disclosure of your protected health information.

“Protected health information” is information about you that is generated by a health care provider that typically includes medical, billing-related and demographic information, that may identify you and relates to your past, present or future physical or mental condition. A more detailed explanation of this information and how it is used and disclosed is provided on the following pages.

RESPONSIBILITIES OF PASSAGES PROGRAM

Passages Program is required to:

- ◆ Keep your health information private and only disclose it in accordance with the provisions of this notice;
- ◆ Provide you with this notice that explains our legal duties and privacy practice in connection with your health records;
- ◆ Make reasonable efforts to limit the amount of protected health information used or disclosed to what is reasonably necessary to conduct our business; and
- ◆ Obey the rules found in this notice.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Treatment: Your PHI may be used or disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

Payment: We may use and disclose protected health information about your treatment and care in order to bill and collect payment from you, your insurance company or other third party payors such as Medicare. For example, we may submit a claim or request for payment to your insurance company or health plan in order to obtain payment for services you received. The insurance company or health plan may require additional information about the care provided in order to pay us or reimburse you for those services. We may also tell your insurance company or health plan about services you are going to

receive in order to obtain prior approval or to determine whether your insurance or plan will cover the services.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training purposes PHI will be disclosed only with your authorization.

Family Involvement in Care: We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Appointments: We may use and disclose your protected health information to contact you about appointments. If you are unavailable, we may leave a brief message on your answering machine or voicemail system unless instructed not to do so.

Health Related Services: We may use your protected health information to tell you about programs or services that may be of interest to you.

Fundraising: We may use your protected health information, to the extent allowed by law, as part of fundraising efforts by or on the part of Passages Program. You can elect not to receive fundraising materials by contacting the office.

Research: We may disclose your protected health information to researchers when an approved Institutional Review Board has reviewed and approved the research proposal and established protocols to ensure the privacy of your protected health information.

Required by Law: We will disclose your protected health information as required to do so by federal, state or local law.

Averting a Serious Threat to Health or Safety: We may use and disclose your protected health information when necessary to avert a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be made to a person or agency in a position to avert such a threat.

Worker's Compensation: We may disclose your protected health information to workers' compensation or similar programs.

Public Health Activities: We may disclose your protected health information for public health related activities. These disclosures are generally for, but are not limited to, the following purposes:

- ◆ To prevent or control disease, injury or disability (e.g., disease or trauma registries);
- ◆ To report births and deaths;
- ◆ To report abuse and neglect;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of product recalls; and
- ◆ To notify a person who may have been exposed to a specific disease or condition.

Public Safety: We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Specified Government Activities: In certain circumstances, the Federal regulations authorize Passages Program to use or disclose your protected health information to facilitate specified government

functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Health Oversight Activities: We may disclose your protected health information to a Health Oversight agency for activities authorized by law. These activities include, but are not limited to, audits, investigations, inspections and licensure surveys. They are necessary to the government's efforts to monitor the health care system, government health care programs, licensing functions and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a valid subpoena, discovery request or other lawful process, but only after Passages Program has obtained satisfactory assurances that you have been notified of the request or reasonable efforts were made to obtain a qualified, protective order.

Law Enforcement: We may disclose your protected health information if asked to do so by a duly authorized law enforcement official:

- ◆ To identify or locate a suspect, fugitive, material witness or missing person;
- ◆ About the victim of a crime under certain limited circumstances;
- ◆ About a death we believe may be the result of criminal conduct; and
- ◆ About criminal conduct on the premises of Passages Program.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of Passages Program, you have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of the protected health information that we use to make decisions about your care. Usually, this includes medical and billing records maintained in electronic or paper format. You have the right to request an electronic copy of your protected health information maintained in electronic format. We may charge a fee that includes costs for copying, labor and supplies and the cost of postage. We may deny your request to access and copy in certain very limited circumstances. If your request is denied you will be notified in writing. If you are denied access to your protected health information you may request that the denial be reviewed. We will comply with the outcome of the review and you will be advised in writing of the reviewing official's decision.

Amend Your Records: If you feel that protected health information we have about you is incorrect or incomplete you may ask us to amend or change the information. You have the right to request an amendment for as long as the information is kept by Passages Program. To request an amendment you must submit the request in writing to the Health Information Management department at Passages Program and specifically state the reason for your request. We may deny your request to amend if these criteria are not met. In addition, we may deny your request if you ask us to amend information that:

- ◆ Is not part of your protected health information maintained by or for Passages Program;
- ◆ Is not part of the information which you would be permitted to inspect; or
- ◆ Is accurate and complete in its present state.

Accounting of Disclosures: You have the right to request an accounting of the disclosures of your protected health information that we have made for purposes other than treatment, payment and operations or those that you have previously authorized. You may be charged for the costs of providing the list. Once notified of the cost, you may withdraw or modify your request prior to any costs being incurred.

Request Restrictions: You have the right to request a restriction or limitation on how we use or disclose your protected health information for treatment, payment or health care operations. **However, we are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Psychotherapy notes may not be released without your authorization. If you elect to pay for treatment out-of-pocket in full, you may also request that we not share protected health information with your health plan or insurance company.

Request Alternative Communications: You have the right to request that we communicate with you about medical or billing matters in a certain way or at a certain location. If you choose to request an alternative communication means you must do so in writing and must include a mailing address where we can send bills for services provided and related correspondence. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us requiring a response. We will notify you in accordance with your original request prior to contacting you by other means or at another location.

Breach Notification: You have the right to receive notification if a breach of your protected health information occurs. This notification will be provided in written form by first-class mail. It will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach.

A Paper Copy of This Notice: You have the right to a paper copy of this notice.

OTHER USES AND DISCLOSURES

Other uses and disclosures of your protected health information not covered by this notice or applicable laws and regulations will be made only with your written authorization. If you authorize us to use or disclose your protected health information you may revoke that authorization at any time, provided the revocation is in writing. If you revoke your authorization we will no longer use or disclose your protected health information for the reasons covered by that authorization but will be unable to address uses or disclosures made with your permission.

COMPLAINTS

We are committed to protecting the privacy and confidentiality of your protected health information. However, if you believe that your privacy rights have been violated, you may file a complaint with Passages Program or with the Secretary of Health and Human Services. To file a complaint with Passages Program, please notify the Passages Program Privacy Officer at the following address or telephone number:

Passages Program Privacy Officer
Robyn Glosenger, RHIT
1500 Meadow Lake Parkway, Suite 200
Kansas City, MO 64114
816.363.2600
816.523.0068 fax
rglosenger@kchospice.org

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. Revised Notice of Privacy Practices will be provided to individuals in accordance with HIPAA regulations. Copies of the current notice will be posted at Passages Program offices and will include the effective date. In addition, each time you are admitted to Passages Program, you will be offered a copy of the notice then in effect.

10/29/14