



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.

This Notice of Privacy Practices describes how Altus Hospice may use and share your health information. It also describes your rights to access and control your health information. We are required by law to maintain the privacy of your “protected health information,” which is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Copy of this notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record or other health information we have about you. We may charge you a reasonable, cost-based fee for copying your information. You must make this request in writing.
- **Ask for medical record corrections.** You may request that we correct your health information or medical records if you think they are incorrect or incomplete. We may deny your request, but will inform you why in writing within 60 days. You must make your request in writing and you must provide a reason for the request.
- **Ask to limit what we use or share.** You can ask us not to use or share certain health information. You may also request that any part of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes described below. Your request must state the specific limitation requested and to whom you want the limitation to apply. We are not required to agree to a limitation that you request. If we believe it is in your best interest to permit the use or sharing of your health information, your health information will not be restricted. If we agree to your requested limitation, we may not use or share your health information in violation of that limitation unless it is needed to provide emergency treatment.
- **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. We will consider and attempt to accommodate all your reasonable requests. You must make this request in writing and you must tell us how or where you wish to be contacted.
- **Get a list of those with whom we've shared information.** You can ask for a list (accounting) of the times we have shared your health information, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, or healthcare operations, or certain other disclosures (such as any you asked us to make). We will include each disclosure we made for the past six (6) years, unless you request a shorter time period. We will provide one accounting a year for free but will charge you a reasonable, cost-based fee if you ask for another one within 12 months.
- **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 have been violated.** You can complain if you feel we have violated your rights by contacting our Compliance Director. You can also file a complaint with the United States 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/. You will not be penalized or retaliated against in any way for filing a complaint. We will not require you to waive your right to file a

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complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

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 should share your information in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

1. Share information with your family, close friends, or others involved in your care;
2. Share information in a disaster relief situation; or
3. Include your information in a patient directory.

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 the case of fundraising. We may use certain portions of your protected health information, including your name, address, phone number, email address, age, gender, date of birth, the dates you received treatment or services, department(s) of service, treating physician(s), outcome information, and health insurance status to contact you for fundraising efforts. You can choose not to receive these communications. If you do not want us to contact you about a contribution or fundraising program, please inform us in writing.

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

1. Most sharing of psychotherapy notes, which are kept separate from the rest of your medical record; and
2. Marketing purposes.

Our Uses and Disclosures

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

- Treatments for you. We can use your health information to provide, coordinate, or manage your healthcare and any related services. We may share your health information with doctors, nurses, technicians, medical students, or other members of your health care team to keep them informed about your care status or condition as necessary. We also may share your health information with people outside Altus Hospice who may be involved in your medical care, such as healthcare providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies.
- Payment. We can use and share your health information to obtain payment for your healthcare services. For example, we may need to provide your health plan with information about treatments you received so that your health plan will pay us or reimburse you for the treatment. Also, we may share your health information with other healthcare providers to assist those providers in obtaining payment from your insurance company or a third party.
- Operate our organization. We can use and share your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services, improve our services, and perform quality assessment activities. We can also share your health information in a limited data set, which excludes some identifying information.
- Business associates. We can share your health information with our business associates for any of the purposes listed above.

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- Electronic. We may share your information electronically.
- Others involved in your healthcare. With your permission we may share with a member of your family, a relative, a close friend or any other person you identify, your health information related to that person's involvement in your healthcare. If you are unable to agree or disagree, we may share such information as necessary if we determine that it is in your best interest based on our professional judgment.
- Notification. We may use or share your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Other Uses and Disclosures

We are allowed or required to share your information in other ways that contribute to the public good, such as public health and research.

- Help with public health and safety issues. We can share your health information for certain situations such as: preventing disease; helping with product recalls; reporting births and deaths; reporting suspected abuse, neglect, or domestic violence; reporting reactions to medications, product/medication problems, or product/medication defects; or preventing or reducing a serious threat to anyone's health or safety. We can share portions of your health information with local, state, and/or federal registry programs as required. We can share your health information for these activities in a limited data set, which excludes some identifying information.
- For research. We can use or share your health information for health research. We can share your health information for these activities in a limited data set, which excludes some identifying information.
- To comply with the law. We will share your health information 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.
- To a coroner, funeral director, or organ donation. We can share your health information with a coroner, medical examiner, or funeral director when an individual dies for identification purposes, determining cause of death or to perform other duties authorized by law. We can share health information about you with organ procurement organizations.
- In an emergency. We can use or share your health information in emergency treatment situations. If this happens, your healthcare provider shall try to obtain your authorization as soon as reasonably possible after the delivery of treatment.
- In legal proceedings. We can share your health information in response to a court or administrative order, or in response to a subpoena or other lawful process.
- Workers' compensation, law enforcement, and other governmental requests. We can use or share your health information for workers' compensation claims; for law enforcement purposes or with a law enforcement official or correctional institution; with a health oversight agency for activities authorized by law; or for special government functions, such as military, national security, and presidential protective services.

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 will not sell your information. We will not use or share your information other than as described here unless you tell us we can in writing (authorization). If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. An authorization form is available upon request.

Changes to This Notice





We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Contact

If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact the site administrator:

- Altus Hospice – Austin: 512-614-2851
- Altus Hospice – Beaumont: 409-832-4582
- Altus Hospice – Corpus Christi: 361-723-1049
- Altus Hospice – Dallas: 972-761-9140
- Altus Hospice – Houston: 281-493-9744
- Altus Hospice – Las Vegas: 702-821-1120
- Altus Hospice – North Houston: 281-583-5455
- Altus Hospice – San Antonio: 210-714-2530
- Altus Hospice – South Texas: 956-718-3000

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