

Hospice of Southwest Montana LLC DBA Hospice of Bozeman Health 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.

Hospice of Southwest Montana, LLC, DBA Hospice of Bozeman Health (“**Agency**”) is required by law to maintain the privacy of your protected health information; to notify you following a breach of unsecured protected health information; to provide you this detailed Notice of the Agency’s legal duties and privacy practices relating to your protected health information; and to abide by the terms of the Notice that are currently in effect.

Hospice of Bozeman Health keeps a record of health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at the location that provides your care.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

To Provide Treatment. The Agency may use and disclose your protected health information to coordinate care within the Agency and disclose your protected health information to others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including your primary family caregiver, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. The Agency may use and disclose your protected health information for billing and payment purposes or for the billing and payment needs of other health care providers. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. The Agency may use and disclose protected health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency’s patients. Health care operations include such activities as quality improvement, cost containment, case management activities, performance evaluation, training of employees and students, accreditation, auditing and business planning. The Agency also may disclose your protected health information for certain operations purposes of other covered entities, such as for compliance and quality assurance purposes.

SPECIFIC USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

When Legally Required. The Agency may disclose your protected health information when it is required to do so by any federal, State or local law.

Hospice of Southwest Montana, LLC DBA Hospice of Bozeman Health NOTICE OF PRIVACY PRACTICES

To Individuals Involved in Your Care. Unless you object, the Agency may disclose your protected health information to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

Emergencies. We may use and disclose your protected health information in emergency treatment situations.

To Business Associates. The Agency's business associates are individuals and organizations that carry out functions or activities on the Agency's behalf that involve protected health information. The Agency may disclose your protected health information to a business associate who needs the information to perform services for or on behalf of the Agency. The Agency's business associates have agreed to preserve the confidentiality of this information.

Public Health Activities. The Agency may disclose your protected health information for public health activities in order to prevent or control disease, report disease or death, or report adverse events with products or medication, for example.

To Report Abuse, Neglect Or Domestic Violence. If the Agency believes that you have been a victim of abuse, neglect or domestic violence, the Agency may use and disclose your protected health information to notify a government authority if authorized by law or if you agree to the report.

To Conduct Health Oversight Activities. The Agency may disclose your protected health information to a health oversight agency for activities including Home Health Outcome and Assessment Information Set (OASIS), Hospice Information Set (HIS), audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action and for activities involving government oversight of the health care system.

In Connection With Judicial and Administrative Proceedings. The Agency may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only if certain conditions are met.

For Law Enforcement Purposes. The Agency may disclose your protected health information to a law enforcement official for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.

To Coroners and Medical Examiners. The Agency may disclose your protected health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. The Agency may disclose your protected health information to funeral directors, consistent with applicable law, as necessary, to carry out their duties with respect to your funeral arrangements.

For Organ, Eye or Tissue Donation. When directed, the Agency may use and disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

Hospice of Southwest Montana LLC DBA Hospice of Bozeman Health NOTICE OF PRIVACY PRACTICES

For Research Purposes. The Agency may, under very select circumstances, use and disclose your protected health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

To Avert a Serious Threat to Health or Safety. When necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public or another person, the Agency may use and disclose your protected health information, limiting disclosures to a person or persons reasonable able to help lessen or prevent the threat.

For Specialized Government Functions. If you are a member of the armed forces, the Agency may use and disclose your protected health information as required by military command authorities. The Agency may disclose your protected health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Disaster Relief. The Agency may disclose limited protected health information about you to a disaster relief organization.

In Connection with Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, the Agency may disclose your protected health information to the institution or official for certain purposes including the health and safety of you and others.

For Worker's Compensation. The Agency may use and disclose your protected health information to comply with laws relating to worker's compensation or similar programs.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The Agency will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of protected health information for marketing purposes; and (3) disclosures that constitute a sale of protected health information. Other than as stated above in this Notice, the Agency will not use or disclose your protected health information without your written authorization. If you or your representative authorizes the Agency to use or disclose your protected health information, you may revoke that authorization in writing at any time. If you revoke an Authorization, the Agency will no longer use or disclose your protected health information for the purposes covered by that Authorization, except where the Agency has already relied on the Authorization.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

Right to request restrictions. You may request restrictions on certain uses and disclosures of your protected health information. You also have the right to request restrictions on protected health information we disclose about you to a family member, friend or other person who is involved in your care or payment for your care.

The Agency is not required to agree to your request (except that if you are mentally competent, you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment. If we do agree to accept your requested restriction, we can stop complying with the restriction upon providing notice to you. However, if you paid out-of-pocket in full for services and do not want us to disclose to your health plan information about the services for purposes of payment or health care operations, we must comply with your request. If

Hospice of Southwest Montana, LLC DBA Hospice of Bozeman Health NOTICE OF PRIVACY PRACTICES

you wish to make a request for restrictions, please contact the administrator/manager/supervisor of the Agency. You may send your written request through the professional that admitted you to the Agency or you may mail the request.

Right to receive confidential communications. You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your protected health information with you privately with no other family members present. If you wish to receive confidential communications, please contact, in writing, the administrator/manager of the Agency. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. You may send your written request through the professional that admitted you to the Agency or you may mail the request.

Right to inspect and copy your protected health information. You have the right to inspect and obtain a copy of your protected health information, including billing records and other written information that may be used to make decisions about your care (“your designated record set”), subject to some exceptions. You may also direct us to send a copy directly to a third-party designated by you. Your request must be made in writing to the administrator/manager/supervisor of the Agency. You may send your written request through the professional that admitted you to the Agency or you may mail the request. The Agency may charge a reasonable fee, consistent with applicable law, for our costs in responding to your request. To the extent the Agency maintains your designated record set electronically, you have the right to receive an electronic copy of such information. We may charge a fee, consistent with applicable law, for our labor costs, in responding to your request.

Right to request amendment of your protected health care information. You have the right to request that the Agency amend your records if you believe that your protected health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to the administrator or branch manager and must state the reason for the request. The Agency may deny the request if the information (a) was not created by the Agency, unless the originator of the information is no longer available to act on your request; (b) is not part of the protected health information maintained by or for the Agency; (c) is not part of the protected health information which you are permitted to inspect and copy; or (d) is already accurate and complete, as determined by the Agency. You may send your written request through the professional that admitted you to the Agency or you may mail the request. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

Right to an accounting. You have the right to request an accounting of certain disclosures of your protected health information. An accounting is a listing of disclosures made by the Agency or by others on the Agency’s behalf, but does not include disclosures for treatment, payment or health care operations, disclosures made pursuant to your Authorization, and certain other exceptions. The request for an accounting must be made in writing to the administrator or branch manager. Accounting requests may not be made for periods of time in excess of six (6) years. The first accounting provided within a 12-month period will be free. For further accounting requests, the Agency may charge a reasonable cost-based fee. You may send your written request through the professional that admitted you to the Agency or you may mail the request.

Right to a paper copy of this Notice. You have the right to a separate paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please request a copy from your care provider.

Hospice of Southwest Montana LLC DBA Hospice of Bozeman Health NOTICE OF PRIVACY PRACTICES

NOTICE IN LANGUAGE YOU UNDERSTAND

Before services are provided to you, you are entitled to the information in this Notice in a language you understand or can be explained to you by your family. If you are having any difficulty understanding your rights and obligations under this Notice, please tell someone at the Agency immediately. If we believe you are having difficulty understanding this Notice, we will make every effort to explain it to you with the assistance of a family member or may enlist the assistance of some to help translate this Notice so that you understand it.

CHANGES TO THIS NOTICE

The Agency reserves the right to change the terms of this Notice and to make the revised or new Notice provisions effective for all protected health information already received and maintained by the Agency as well as for all protected health information the Agency receives in the future. The Agency will provide a copy of the revised Notice upon request.

FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions regarding this Notice, please call the Privacy Officer at 1.203.693-3840.

The Agency has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. Complaints against the Agency can be mailed to:

Privacy Officer
Hospice of Southwest Montana
53 River Street
Milford, CT 06460

You have the right to express complaints to the Agency and to the Office for Civil Rights in the U.S. Department of Health and Human Services ("OCR") if you believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the Privacy Officer at the address below. You will not be retaliated against in any way for filing a complaint.

To file a complaint with OCR, send your written complaint by mail to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or by email to OCRComplaint@hhs.gov.

This Notice is effective September 23, 2013.