

## 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.

### A. INFORMATION REGARDING USES AND DISCLOSURES

The following section describes different ways that Signature Hospice uses and discloses health information for treatment, payment and health care operations. For each of these categories, we explain what we mean and provide an example. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways Signature Hospice uses and discloses health information will fall within one of these categories.

#### 1. Treatment, Payment and Health Care Operations:

- **For Treatment:** Signature Hospice may use your health information to coordinate care within Signature Hospice and with others involved in your care, such as your attending physician, members of the Hospice Interdisciplinary Team (IDT) and other health care professionals who have agreed to assist Signature Hospice in coordinating your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications or treatment. We also may disclose your health care information to individuals outside of Signature Hospice involved in your care including family members and clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals.
- **For Payment:** Signature Hospice may include your health information in invoices to collect payment from third parties for the care you receive from Signature Hospice. For example, we may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Signature Hospice. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.
- **For Health Care Operations:** Signature Hospice may use and disclose health information for its own operations in order to facilitate the function of the organization and as necessary to provide quality care to all of the hospice patients. Health care operations include such activities as:
  - Quality assurance and performance improvement activities.
  - Activities designed to improve health or reduce health care costs.
  - Protocol development, case management and care coordination.
  - Professional review and performance evaluation.
  - Activities to train or teach health care and non-health care professionals. For example, accreditation, certification, licensing or credentialing activities.
  - Reviews and audits including compliance reviews, medical reviews and legal services.
  - Business planning and development including cost management and planning related analyses and formulary development.
  - Business management and general administrative activities of Signature Hospice.

## 2. Other Uses and Disclosures:

- **Appointment Reminders:** Signature Hospice may use and disclose your health information to contact you as a reminder of an appointment for a hospice visit.
- **Treatment Alternatives and Hospice Related Products and Services:** Signature Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives, or hospice related products or services that may be of interest to you.
- **Fundraising Activities:** Signature Hospice does not engage in fundraising but supports foundations and charitable organizations that expand and support hospice related causes including education and research activities and may use your information including your name, address, phone number and the dates you received care for fundraising activities for these organizations.
- **Required by Law:** Signature Hospice will disclose your health information when it is required to do so by any federal, state or local law.
- **Public Health Risks:** Signature Hospice may disclose your health information in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities:** Signature Hospice may disclose your health information to a health oversight agency for activities including audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the compliance with government programs and civil rights laws.
- **Lawsuits and Disputes; Law Enforcement:** Signature Hospice may disclose your health information in response to a subpoena, court or administrative order or other lawful process, if you are involved in a lawsuit or a dispute. We also may disclose your health information in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.
- **Coroners and Medical Examiners; Funeral Directors:** Signature Hospice may disclose your health information to a coroner or medical examiner for purposes of determining your cause of death, or for other duties as authorized by law. We also may disclose your health information to a funeral director as necessary to allow him/her to carry out his/her duties.
- **Organ, Eye or Tissue Donation:** Signature Hospice may use and disclose your health information to an organization that handles organ procurement, banking or transplantation of organs, eyes or tissue, as necessary to facilitate a donation or transplantation.
- **Research:** Signature Hospice may, under very select circumstances, use your health information for research. The research project must have been approved through a special approval process before your health information may be used or disclosed for that particular research project.
- **Serious Threat to Health or Safety; Disaster:** Signature Hospice may disclose your health information to appropriate individual(s) or organization(s) if it is believed, in ethical standards of conduct and consistent with applicable law, that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or that of the public or another person, or to notify your family member or person(s) responsible for you in a disaster relief effort.

- **Specified Government Functions:** In certain circumstances, federal regulations authorize Signature Hospice to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, or related to the conduct of special investigations.
- **Inmates and Correctional Institutions:** Signature Hospice may use or disclose your health information to correctional institutions, if you are an inmate, or to a law enforcement official, if you are in that person's custody, as necessary for the institution to provide you with health care, to protect your or other's health and safety, or for the safety and security of the correctional institution.
- **Worker's Compensation:** Signature Hospice may disclose your health information for worker's compensation or similar work-related injury programs.

## B. WHEN WRITTEN AUTHORIZATION IS REQUIRED

Other than the uses and disclosures described above in Section A, Signature Hospice will not use or disclose your health information without your or your representative's written authorization. If you give us authorization, you may revoke that authorization at any time by notifying the Quality Assurance and Performance Improvement (QAPI) Department of Signature Hospice in writing by mail or delivery to 25117 SW Parkway Avenue, Suite F, Wilsonville, Oregon 97070, or by fax 503-682-3989. If you revoke your authorization, Signature Hospice will no longer use or disclose your health information as allowed by your written authorization, except to the extent that we have already relied on your authorization, that disclosure is required for us to obtain payment for services already provided or that the law prohibits revocation.

## C. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing by completing a form that you can request by contacting the QAPI Department of Signature Hospice at 25117 SW Parkway Avenue, Suite F, Wilsonville, Oregon 97070, by phone 1-800-936-4756 or fax 503-682-3989.

1. **Right to Inspect and Copy:** With some exceptions, you have the right to inspect and get a copy of your health information that may be used to make decisions about your care. We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed. If your request to copy your health information is approved, you may be charged a reasonable fee for copying and assembling costs associated with your request.
2. **Right to Amend:** You have the right to amend your health information if you believe that your health information is incorrect or incomplete. Signature Hospice will require that you provide a reason for the request, and we may deny your request if the request is not properly submitted, or if the request asks us to amend information that Signature Hospice did not create, is not part of the designated health information record that we maintain, is not part of the health information permitted to inspect or copy, or is already accurate and complete.
3. **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures Signature Hospice made of your health information. The list does not include all disclosures. For example, it may not include disclosures to you, disclosures for treatment, payment and health care operations purposes described above, or disclosures made with your authorization as described above.

4. **Right to Request Restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the disclosure of your health information for treatment, payment or health care operations, or to someone who is involved in your care or the payment for it. However, Signature Hospice is not required to agree to your requested restrictions.
5. **Right to Request Confidential Communications:** You have the right to request that Signature Hospice communicate with you about health matters in a certain way or at a certain place.
6. **Right to a Paper Copy of This Notice:** You or your representative have the right to a paper copy of this Notice regardless if you may have received this Notice previously or electronically.

#### D. DUTIES OF SIGNATURE HOSPICE

Signature Hospice is required by law to maintain the privacy of your health information and to provide to you or your representative this Notice of Privacy Practices including its duties. We are required to abide by the terms of this Notice as may be amended from time to time. Signature Hospice reserves the right to change the terms of this Notice and to make the new provisions effective for all protected health information we maintain. If the Notice is changed while you are on service, Signature Hospice will provide a copy of the revised Notice to you or your representative.

#### E. QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, or you need more information regarding your rights, please contact our privacy officer or the secretary of the Department of Health and Human Services as follows:

Signature Hospice/Avamere Privacy Officer  
25117 SW Parkway, Suite F  
Wilsonville, OR 97070  
(503) 570-3405

Office for Civil Rights  
Instructions located at:  
<http://www.hhs.gov/ocr/privacyhowtofile.htm>

You will NOT be penalized for filing a complaint.

#### F. EFFECTIVE DATE

The effective date of this Notice is 2/2/2006.