

## Your Information. Your Rights. Our Responsibilities.

This Notice describes how medical information about you (as a patient of this organization) may be used and disclosed, and how you can get access to this information. Please review this Notice carefully.

If you have questions or concerns about privacy or the security of your health record, please contact the Privacy or Security Officers at 704.375.0100.

---

### USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice & Palliative Care Charlotte Region\* (HPCCR) may use and disclose your health information for purposes of providing your treatment, obtaining payment for your care, and conducting health care operations. The organization is required by law to maintain the privacy of Protected Health Information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. Hospice & Palliative Care Charlotte Region is committed to maintaining the privacy of individually identifiable health information and has established policies to guard against unnecessary disclosure of your health information.

The following lists the purposes for which your health information may be used and disclosed:

- **To provide treatment:** The organization may use your information to coordinate care within the organization and with others involved in your care such as your attending physician, members of the organization's care team, and other healthcare professionals who have agreed to assist in coordinating care.

*For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The organization also may disclose your healthcare information outside the organization involved in your care, including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment, or other healthcare professionals coordinating your care.*

- **To obtain payment: The organization may include your health information in invoices to collect payment from third parties for the care you may receive from the organization.**

*For example, the organization may be required by your health insurer to provide information regarding your healthcare status so that the insurer will reimburse you or the organization. The organization may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you.*

- **To conduct healthcare operations:** The organization may use and disclose healthcare 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 organization's patients. Healthcare operations include such activities as:
  - Quality assessment and improvement activities.
  - Activities designed to improve health or reduce healthcare costs.
  - Contacting healthcare providers and patients with information about treatment alternatives, and other related functions that do not include treatment.
  - Professional review and performance evaluation.
  - Training programs, including those in which students, trainees, or practitioners in healthcare learn under supervision.
  - Accreditation, certification, licensing, or credentialing activities.
  - Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs.

- Business planning and development, including cost management and planning-related analyses and formulary development.
- Fundraising for the benefit of the organization and certain marketing activities.

*For example, the organization may use your health information to evaluate its staff performance, it may combine your health information with other patients' information to evaluate how to more effectively serve all patients, it may disclose your health information to staff and contracted personnel for training purposes, it may use your health information to contact you as a reminder regarding a visit to you, contact you or your family as part of general fundraising and community information mailings (unless you tell us that you do not wish to be contacted; see below), or contact you for permission to use your photograph or disclose any health-related information for marketing communications such as brochures, newsletters, social media or other community outreach.*

- **For fundraising activities:** The organization may use information about you including your name, address, phone number, e-mail address, and the dates you received care in order to contact you or your family for financial support of the organization. If you or your family does not wish to be contacted, you may opt out of receiving such communications by calling the Philanthropy Department at 704.375.0100.

The following is a summary of the purposes for which your health information may also be used and disclosed:

- **When legally required:** The organization will disclose your health information when it is required to do so by any federal, state, or local law.
- **When there are risks to public health:** The organization will disclose your health information for public activities and purposes in order to:
  - Prevent or control disease, injury, or vital events such as birth or death, and to conduct public health surveillance, investigations, and interventions.
  - Report adverse events and product defects; to track products or enable product recalls, repairs, and replacements; and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
  - Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
  - Notify an employer about an individual who is a member of their workforce, as legally required.
- **To report abuse, neglect, or violence:** The organization is required to notify government authorities if the organization believes that a patient is the victim of abuse, neglect, or violence. The organization will make this disclosure only when specifically required or authorized by law, or when the patient agrees to the disclosure.
- **Conduct health oversight activities:** The organization may disclose your health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, inspections, licensure, or disciplinary action. The organization, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of healthcare or public benefits.
- **In connection with judicial and administrative proceedings:** The organization may disclose your 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.
- **For law enforcement purposes:** The organization may disclose your health information to a law enforcement official for law enforcement purposes as follows:
  - As required by law for reporting certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, or similar process.
  - For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
  - Under certain limited circumstances when you are the victim of a crime.

- If the organization has a suspicion that death may have resulted from criminal conduct.
- In an emergency, in order to report a crime.
- **To coroners and medical examiners:** The organization may disclose your health information to coroners and medical examiners for purposes of determining your cause of death, or for other duties as required by law.
- **To funeral directors:** The organization may disclose your health information to funeral directors consistent with applicable law, and, if necessary, to enable them to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the organization may disclose your health information prior to, and in reasonable anticipation of your death.
- **For organ, eye, or tissue donation:** The organization may disclose your health information to organ procurement organizations or other agencies engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation.
- **For research purposes:** The organization may, under very select circumstances, use your health information for research. Before the organization discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The organization will ask your approval if any researcher desires access to your individually identifiable health information.
- **In the event of serious threat to health or safety:** The organization may, consistent with applicable law and ethical standards of conduct, disclose your health information if the organization, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health or safety of the public.
- **For specified government functions:** In certain circumstances, federal regulations authorize the organization to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security, intelligence activities, protective services for the President of the United States and others, medical suitability determinations, and inmates in law enforcement custody.

## AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other uses and disclosures not described in this Notice will be made only with your written authorization or that of your legal Representative. If you or your legal Representative authorizes the use of your health information, you may revoke that authorization in writing at any time.

## PATIENT RIGHTS WITH REGARD TO HEALTH INFORMATION:

- **Right to request restriction:** You may request restrictions on certain uses or disclosures of your health information. However, the organization is not required to agree to your request. If you wish to make a request for restrictions, please contact one of your team staff or you may contact the organization's Privacy Officer at 704.375.0100.
- **Right to restrict disclosure to a health plan:** You have the right to restrict disclosure to a health plan if you pay for the service in full, out of pocket, at the time of service.
- **Right to receive confidential communication:** You may request an alternative means or location for receiving communications of Protected Health Information by means other than those we typically employ.

*For example, you may ask that the organization only conduct communications pertaining to your health information privately, with no other family members present. If you wish to receive confidential communications, please contact your team staff or you may contact the Privacy Officer at 704.375.0100.*

- **Access:** You have the right to review and copy your health information, including billing records. You may request a copy of the designated record set in an electronic format if the organization is able to produce it in a form that is readily reproducible. A request to review and copy your health information may be made to the Privacy Officer at 704.375.0100. If you request a copy of your health information, the organization may charge a reasonable fee for any copying and assembling associated with your request. The organization may deny access in certain specific situations.

- **Right to amend health information:** If you or your legal Representative believes that your health information records are inaccurate or incomplete, you may request that the organization amend the records. That request may be made as long as the information is maintained by the organization. A request for amendment of records must be made in writing to the organization’s Privacy Officer at Hospice & Palliative Care Charlotte Region, 7845 Little Avenue Charlotte, NC 28226 or P.O. Box 470408, Charlotte, NC 28247. The organization may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by the organization, if the records you are requesting are not part of the organization’s records, if the health information you wish to amend is not part of the health information you or your legal Representative are permitted to inspect and copy, or if, in the opinion of the organization, the records containing your health information are accurate and complete.
- **Right to be notified of breaches of unsecured Protected Health Information:** You have the right to be notified if the organization or its Business Associates have breached the security of your Protected Health Information.
- **Right to an accounting:** You or your legal Representative has the right to request an accounting of disclosures of your health information made by the organization for any reason other than for treatment, payment, or health operations or if initiated by a patient authorization. The request for an accounting must be made to the Privacy Officer. Accounting requests may not be made for periods of time in excess of six years. The organization would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Fundraising activities:** Hospice & Palliative Care Charlotte Region may send fundraising communications to families of patients. You have the right to opt out of receiving these communications if you so choose by contacting the Philanthropy Department at 704.375.0100.
- **Right to a paper copy of the Notice of Privacy Practices:** You or your legal Representative has a right to a separate paper copy of this Notice at any time, even if you or your Representative has received this Notice previously. To obtain a separate paper copy or to request an electronic copy of the Notice, please contact the organization Privacy Officer at 704.375.0100 or [privacy@hpccr.org](mailto:privacy@hpccr.org).

## DUTIES OF THE ORGANIZATION

The organization is required by law to maintain the privacy of your health information and to provide to you and your Representative this Notice of Privacy Practices and duties of the organization. The organization is required to abide by terms of this Notice as it may be amended from time to time. The organization reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If this Notice is changed, the revised notice will be provided to all new clients, and existing clients will be notified that changes have been made and a copy of the new Notice provided if requested. You or your personal Representative has the right to express complaints to the organization and to the Secretary of Health and Human Services if you or your Representative believes that your privacy rights have been violated. Any complaints to the organization should be made in writing to the Privacy Officer. You are encouraged to express any concerns that you may have regarding the privacy of your health information. There will be no retaliation in any form for filing a complaint.

## CONTACT PERSON

The contact person for the organization for all issues regarding patient privacy and your rights under the federal privacy standards is the organization’s Privacy Officer. The Privacy Officer can be reached at 7845 Little Avenue, Charlotte, NC 28226; PO Box 470408, Charlotte, North Carolina 28247; by phone at 704.375.0100; email to [privacy@hpccr.org](mailto:privacy@hpccr.org), or [www.hpccr.org](http://www.hpccr.org).

---

## \*LOCATIONS COVERED

The corporate entity of Hospice & Palliative Care Charlotte Region (HPCCR) referred to in this Notice as “HPCCR” includes all NC and SC operations, locations, d.b.a.’s and affiliates: Hospice & Palliative Care Charlotte Region; our affiliate Hospice of Cleveland County; *d/b/a*’s Hospice & Palliative Care Lake Norman, Hospice & Palliative Care Lincoln County, Levine & Dickson Hospice Houses, and Palliative Medicine Consultants; also registered in the State of South Carolina, *d/b/a* Hospice & Palliative Care Palmetto Region, and our affiliate Hospice of Laurens County.