



NOTICE OF HOSPICE 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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Lighthouse Hospice, Inc. (further known as Hospice in this document) may use your health information, information that constitutes protected health information as defined in the HIPAA Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, and the recent updates in the omnibus Final Rule, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Hospice has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment The Hospice may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals outside of the Hospice involved in your care including pharmacists, suppliers of medical equipment, other health care professionals, and facilities who provide you with care.

To Obtain Payment The Hospice may include your health information in invoices to collect payment from third parties for the care you receive from the Hospice. For example, the Hospice may be required by your health insurer or potential insurer to provide information regarding your health care status so that the insurer will reimburse you or the Hospice. The Hospice 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.

To Conduct Health Care Operations The Hospice may use and disclose health information for health care operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the Hospice's patients.

- Professional review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

- Business management and general administrative activities of the Hospice.

Example: Members of the Hospice staff, the risk management team or members of the quality assurance team may use information in your health record to assess the care and outcomes in your case and our practice. We will use this information in an effort to continuously improve the quality and effectiveness of the Hospice services we provide.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

Family Members and Caregivers With your verbal permission, the Hospice may speak with your family members to discuss your medical condition and to provide support, in person and by telephone. Hospice may also talk with persons who are assisting with your care, whether paid or not, to the extent necessary as to give you the most appropriate care. If you do not wish Hospice to talk to any or certain family members, please let us know so that an appropriate restriction can be created.

Hospice can with your, or your representative's, verbal permission provide written or verbal confirmation of your status and presence on Hospice in order for you or your family to manage personal matters. For example, we can write a letter to a family member's job or school to indicate your presence on Hospice or we could verbally confirm the need for Bereavement fares on airlines at appropriate times.

For Appointment Reminders The Hospice may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives The Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Contact with Community Clergy With your verbal permission, Hospice Chaplains will contact your community clergy and inform them of your presence on Hospice and your desire regarding contact with them.

To Coroners And Medical Examiners The Hospice may disclose your 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 Hospice may disclose your health information to funeral directors consistent with applicable law to carry out their duties with respect to your funeral arrangements.

In the Event of A Serious Threat To Health Or Safety The Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Hospice, 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 and safety of the public or our employees.

To Report Abuse, Neglect Or Domestic Violence The Hospice is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence.

The Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities The Hospice may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Hospice, 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 health care or public benefits.

In Connection With Judicial And Administrative Proceedings The Hospice 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, but only when the Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

When Legally Required:

- The Hospice will disclose your health information when it is required to do so by any Federal, State or local law or in response to a valid subpoena.
- We may disclose your health information in public health or legal authorities charged with prevention or controlling disease, injury, or disability.
- In an emergency in order to report a crime.
- To a law enforcement official if the Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice.

For Specified Government Functions In certain very select circumstances, the Federal regulations authorize the Hospice to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation The Hospice may release your health information for worker's compensation or similar programs.

To Report a Breach of Protected Health Information Hospice is required to report any breached protected health information to you and to the US Department of Health and Human Services Office for Civil Rights. This may include providing health information to the DHHS OCR.

Research Hospice will use or disclose your protected health information for medical research only when we receive assurances of how your health information will be properly safeguarded.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Hospice will not disclose your health information without your written authorization. If you or your representative authorizes the Hospice to use or disclose your health information, you may revoke that authorization in writing at any time. With a revocation, Hospice will release no further information.

Presence on Hospice together with other Protected Health Information With your legal authorization Hospice will provide written confirmation of your presence on Hospice along with other protected health information to third parties to assist you or a family member in a personal matter. For example, if a family member is requesting leave through FMLA form their employer.

Marketing Hospice will request and attain appropriate and legal authorization from you or your representative for use of your health information for legal marketing purposes.

Sale of Information Hospice will request and attain appropriate and legal authorization from you or your representative if your health information will be sold to other companies for the use of marketing, as legally permitted.

ELECTRONIC COMMUNICATION

Due to the potential lack of security, Lighthouse Hospice Inc and its Business Associates will not use email, sending of texts, instant messaging, or any form of social media as a way of communicating with you, an individual on our service, or with Business Associates about you, an individual on our service. We will not use email, sending of texts, instant messaging, or any form of social media as a way to share protected health information for any of the legal uses and disclosures unless an exception is lawful (i.e. providing individuals with copies of their electronic record with risk agreed upon by you).

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Hospice maintains:

Right to request restrictions You may request restrictions on certain uses and disclosures of your health information including the release of it to other treatment providers, payment sources (i.e. Health Plans), or other permitted uses described above. For example, you have the right to request a limit on the Hospice's disclosure of your health information to someone who is involved in your care or a family member. However, the Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Official for the form.

You have the right to restrict the release of health information to Health Plan if you or someone other than the Health Plan, on your behalf, has paid for the cost of service in full, except as legally limited by Medicaid and Medicare programs.

Right to receive confidential communications You have the right to request that the Hospice communicate with you in an alternative way or at an alternative location, so as to respect your confidentiality. For example, you may ask that the Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Official. You do not have to provide any reasons for your request and Hospice will attempt to honor your reasonable requests for confidential communications.

Right to inspect and receive a copy your health information You have the right to inspect and/ or receive a copy your health information, excluding exceptions as indicated by the law during the time that your record is maintained by Hospice. A written request to inspect and receive a copy of records containing your health information must be made to the Privacy Official. Hospice has 30 days to create a copy of health information for you. If the health information is maintained electronically, you have a right to an electronic copy in a readable format as agreed upon with the Hospice. You have the right to have a designated person receive a copy of your health information with proper written information. Please contact the privacy Official for details and forms.

If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information You or your representative have the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the health information is maintained by the Hospice. A request for an amendment of records must be made in writing to the Privacy Official and must include a reason to support the requested amendment. The request may be denied if your health information records were not created by the Hospice, if the records you are requesting are not part of the Hospice's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in the opinion of the Hospice, the records containing your health information are accurate and complete.

Denial and acceptances of amendments will be made in writing. The notification from hospice will contain further information to ensure your rights are met and that all relevant persons who already have or in the future may need to know this amendment

Right to an accounting You or your representative have the right to request an accounting of disclosures of your health information made by the Hospice of non-routine uses and disclosures - other than for treatment, payment, health care operations or disclosures you have asked us to make on your behalf with authorization. The request for an accounting must be made in writing to the Privacy Official. The Hospice must provide accounting within 60 days and it must include the date of each disclosure; who received the information; what information was disclosed; and, a brief statement of the purpose of disclosure that reasonably informs you of the basis for the disclosure. Accounting requests may not be made for periods in excess of six (6) years prior to the date you submit request. The Hospice will 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.

Right to a paper copy of this notice You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Official. The patient or a patient's representative may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at its website, www.LighthouseHospice.net. At this time, Hospice does not use email as a way to communicate with or about patients or as a way to provide copies of this notice. We will mail a paper copy as needed.

DUTIES OF THE HOSPICE

The Hospice is required by law to maintain the privacy and security of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Hospice is required to assure that Business Associates (such as equipment companies) who receive protected health information are safeguarding such information according, to at the minimum, the same standards of Hospice. Hospice is required to notify individuals in the event that a breach occurs that may have compromised the privacy or security of your health information. We will notify you by first class mail and will follow all reporting requirements as amended by DHHS OCR.

The Hospice is required to abide by the terms of this Notice as may be amended from time to time. The Hospice 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 the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to the Hospice and to the US Department of Health and Human Services Office for Civil Rights if you or your representative believes that your privacy rights have been violated. The Hospice encourages you to express any concerns you may have regarding the privacy of your information. You can make a complaint to the Hospice by contacting the below named person by phone or in writing. You can also file a complaint to the US DHHS OCR by sending a letter to 200 Independence Avenue SW, Washington D.C., 20201 or calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Hospice has designated Diana Kwiecinski as its contact person for all complaints regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 856-414-1155 or write your complaint to Lighthouse Hospice Inc, 1040 N Kings Hwy, Suite 104, Cherry Hill, NJ 08034.

EFFECTIVE DATE

September 23, 2013

Revised

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT the Privacy Official at Lighthouse Hospice, Inc. at 856-414-1155.