



Gulfside Hospice  
& Pasco Palliative Care



Lic. 1989, 2009

**HIPAA**

**PRIVACY**

727-845-5707 • 813-780-1235 • [www.GHPPC.org](http://www.GHPPC.org)



# NOTICE OF PRIVATE PRACTICES

## PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION

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

**GULFSIDE HOSPICE & PASCO PALLIATIVE CARE**, hereafter known as **GHPPC**, may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations. **GHPPC** has established policies to protect health information as defined by the Privacy Rule of the Administration Simplification provisions of the Health Insurance Portability and Accountability Act of 1996. **GHPPC** also has established policies to guard against unnecessary disclosures of your health information.

### USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

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

**To Obtain Payment.** **GHPPC** may include your health information in invoices to collect payment from third parties for the care you receive from **GHPPC**. For example, **GHPPC** may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or **GHPPC**. **GHPPC** also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for **GHPPC** care and the services that will be provided to you.

**To Conduct Health Care Operations.** **GHPPC** may use and disclose health information for its own operations in order to facilitate the function of **GHPPC** and as necessary to provide quality care to all of **GHPPC's** patients. Health care operations includes such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management, and care coordination
- Contacting health care providers and patients with information about treatment
- Professional review and performance evaluation
- Training programs including those in which students, trainees or practitioners in health care learn under supervision
- Training of non-health care professionals
- 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
- Business management and general administrative activities of **GHPPC**.

**For Fundraising Activities.** GHPPC may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for GHPPC. GHPPC may also release this information to a related GHPPC foundation. If you do not want GHPPC to contact you or your family, notify GHPPC using the contact information later in this packet and indicate that you do not wish to be contacted.

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

**For Treatment Alternatives.** GHPPC 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.

## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

**When Legally Required.** GHPPC 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.** GHPPC may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, vital events such as birth or death and the conduct of public health surveillance, investigations, and interventions.
- Report adverse events, 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 the workforce as legally required.

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

**To Conduct Health Oversight Activities.** GHPPC may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. GHPPC, however, may not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** GHPPC 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 GHPPC makes reasonable efforts to either notify you about the request or to request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, GHPPC may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant subpoena, summons, 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.
- To a law enforcement official if GHPPC has a suspicion that your death was the result of criminal conduct including criminal conduct at GHPPC.
- In an emergency in order to report a crime.

**To Family and Friends.** GHPPC may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. GHPPC may notify family or friends if you are in the hospital and tell them your general condition. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. GHPPC will not disclose your information to family or friends if you object. We may also disclose to your legal representatives who have authority to act on your behalf. [For example, to parents of minors or to legal guardians.]

**To Coroners and Medical Examiners.** GHPPC 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.** GHPPC may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements.

**For Organ, Eye or Tissue Donation.** In the event you have chosen to be a donor, GHPPC may use or disclose your 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.

**For Research Purposes.** GHPPC may, under very select circumstances, use your health information for research.

**In an Emergency.** In an emergency, GHPPC may use or disclose limited health information if it believes, in its professional judgment, that the disclosure is in your best interest.

**In the Event of a Serious Threat to Health or Safety.** GHPPC may, consistent with applicable law and ethical standards of conduct, disclose your health information if GHPPC in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to our health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize GHPPC 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, medical suitability determinations and inmates in law enforcement custody.

**For Workers' Compensation.** GHPPC may release your health information for workers' compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, **GHPPC** will not disclose your health information other than with your written authorization. If you or your representative authorize **GHPPC** to use or disclose your health information, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

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

**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 **GHPPC**'s disclosure of your health information to someone who is involved in your care or the payment of your care. However, **GHPPC** is not required to agree to your request.

**Right to receive confidential communication.** You have the right to request that **GHPPC** communicate with you in a certain way. For example, you may ask that **GHPPC** only conduct communications pertaining to your health information with you privately with no other family members present.

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made by contacting **GHPPC** using the information below. If you request a copy of your health information, **GHPPC** 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 **GHPPC** amend your records if you believe that your health information is incorrect or incomplete.

**Right to an accounting.** You and your representative have the right to request an accounting of disclosures of your health information made by **GHPPC** for certain reasons, including reasons related to public purposes authorized by law and certain research. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods in excess of six (6) years.

**Right to a paper copy of this notice.** You and your representative have the right to a separate copy of this notice at any time even if you have received this notice previously. You may also obtain a copy of the current version of **GHPPC**'s Notice of Privacy Practices at its website, [www.ghppc.org](http://www.ghppc.org).

## **DUTIES OF GHPPC**

**GHPPC** is required by law to maintain the privacy of your health information and to provide to you and your representative the Notice of its duties and privacy practices. **GHPPC** is required to abide by the terms of this Notice as may be amended from time to time. **GHPPC** 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 **GHPPC** makes material changes to its Notice, **GHPPC** will make a copy of the revised Notice available to you or your representative. You or your personal representative have the right to express complaints to **GHPPC** and to the Secretary, Department of Health and Human Services, if you feel your privacy rights have been violated. Any complaints should be made in writing by using the information below.

### **CONTACT PERSON**

Privacy Officer  
Gulfside Hospice & Pasco Palliative Care  
2061 Collier Parkway  
Land O' Lakes, FL 34639  
800-561-4883