

# Notice of Privacy Practices

BURKE HOSPICE & PALLIATIVE CARE

*Effective September 1, 2013*

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The purpose of this Notice of Privacy Practices is to let you know how your medical information may be used or shared. The Notice also tells how you can get your medical information. Please review it carefully. Please ask if you have any questions. Or you may call our Privacy Officer at (828) 879-1601.

## Why Do We Keep Information about You?

Burke Hospice & Palliative Care keeps medical information about you to help care for you and because the state and federal law requires us to.

The law says we must:

- safeguard your medical information
- provide you with this Notice
- follow what this Notice says.

## What the Words in this Notice Mean?

- “Notice” means this Notice of Privacy Practices.
- “BHPC” means Burke Hospice & Palliative Care, its staff, and any affiliated organizations covered by the Notice. (Covered entities are listed at the end of the Notice.)
- “We,” “our,” or “us” means BHPC or staff.
- “You” refers to the patient that the medical information is about.
- “Medical information” means all the paper and electronic records related to a patient’s physical and mental health care—past, present, or future. These records tell who the patient is and include information about billing and payment.

- “Use” means sharing or using medical information within BHPC.
- “Share” means giving medical information, or access to information, to someone outside BHPC.

## How May We Use and Share Information about You?

BHPC uses an electronic medical records system to manage your care. This system has safeguards to protect the information in them. We also have policies in place to safeguard your information and we provide special training to our staff regarding the proper useage of information to those who need it to do their job. Doctors and other people who are not employed by BHPC may share information they have about you with our employees in order to care for you.

Hospitals, clinics, doctors, and other healthcare providers may share medical information about you without your consent for many reasons. Here are just a few examples:

### ***For Treatment***

We have the right to use and share medical information about you in order to treat you. For example, a doctor treating you for a broken leg will need to know if you have diabetes because diabetes can slow healing.

BHPC may also share medical information about you so that you can get

- medicine, medical equipment, or other items needed for your health care
- lab tests, x-rays, transportation, home care, nursing care, rehab, or other health care services.

Medical information may also be shared when needed to plan for your care if you are discharged from BHPC.

### ***For Billing and Payment***

We may use and share your medical information so that we and others who have provided services to you can bill and collect payment for these services. For example, we may share your medical information with Medicare:

- so Medicare will pay for care you got at BHPC
- to get approval before doing a procedure
- so Medicare can make sure they have paid the right amount to BHPC.

We may also share your information with a collection agency if a bill is overdue.

### ***For Business Reasons***

We may use and share information about you for business reasons. When we do this, we may, if possible, take out personal information that identifies who you are. Some of the business reasons we may use or share your medical information include:

- to follow laws and regulations;
- to train and educate;

- for credentialing, licensure, certification, and accreditation;
- to improve our care and services;
- to budget and plan;
- to do an audit;
- to maintain computer systems;
- to evaluate our staff;
- to decide if we should offer more services;
- to find out how satisfied our patients are;
- to bill and collect payment;

Anyone we share information with in order to do these tasks on behalf of us is under the same requirements to protect and restrict the use of your medical information.

### ***To Contact You about Appointments, Insurance, and Other Matters***

BHPC may contact you by mail, phone, text, or email for a variety of reasons, including:

- to remind you about an appointment
- to register you for a procedure
- to give you test results
- to ask about insurance, billing, or payment
- to follow up on your care
- to ask you how well we cared for you.

BHPC staff may leave voice messages at the telephone number you give to us.

### ***To Tell You about Treatment Options or Health-related Products and Services***

BHPC may use or share your medical information

to let you know about treatment options or services that may be integrated into your care plan in an effort to improve your care.

***For Fundraising***

We may use your name, address and phone number to contact you to try to raise money for BHPC. You have the right to ask not to be contacted for fundraising. If we contact you, we will provide instructions on how to prevent future solicitations.

***For the Inpatient Directory***

If you are admitted to the Inpatient unit, your name is included in the patient directory at the information desk. This helps family, friends, and clergy visit you. Unless you tell us not to, your religion may be shared with a member of the clergy, such as a minister, priest or rabbi.

If you ask us to take your name from the directory, we will not share your information even if you are asked for by name.

***To Inform Family Members and Friends Involved in Your Care or Paying for Your Care***

We may share information about you with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to direct us on who you would like to be involved in your care. However, in emergencies or other situations where you are unable to make your directions known, we reserve the right to use best judgment and share only information that others need to know. BHPC may also share information about you with a public or private agency during a disaster so that the agency can help contact your family or friends to tell them where you are and how you are doing.

***To Stop a Serious Threat***

We may share your medical information to prevent

a serious and urgent threat to the health and safety of you or someone else.

***For Organ, Eye, and Tissue Donation***

We share medical information with organ, eye, and tissue donor organizations regarding our patients who have decided to donate to others involved in getting, storing, and transplanting the organs, eyes, and tissues.

***With Military Authorities***

If you are a member or veteran of the armed forces, BHPC may share your medical information with the military as authorized or required by law.

***For Workers' Compensation***

BHPC may share your medical information with those who need it in order to provide benefits for work-related injuries or illness.

***For Health Oversight and Public Health Reporting***

BHPC may share your medical information for audits, investigations, inspections, and licensing with agencies that oversee health organizations. We may also share your medical information in reports to public health agencies. Some reasons for this include:

- to prevent or control disease and injuries
- to report certain kinds of events, such as births and deaths
- to report abuse or neglect of children, elders, or dependent adults
- to report reactions to medicines or problems with medical products
- to tell people about recalls of medical products they may be using
- to let someone know that they may have been exposed to a disease or may spread a disease
- to notify the authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

### ***For Lawsuits and Disputes***

BHPC may share your medical information as directed by a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

### ***With Law Enforcement and Other Officials***

We may share your medical information with a law enforcement official as authorized or required by law:

- in response to a court order, subpoena,
- warrant, summons, or similar process
- to identify or find a suspect, fugitive, material witness, or missing person
- if you are suspected to be a victim of a crime. (We generally do this with your permission)
- because of a death we believe may have been caused by a crime
- because of criminal conduct
- in an emergency: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime
- if you are under the custody of the police or other law enforcement official.

### **We May Also Share Your Medical Information with:**

- coroners, medical examiners, and funeral directors, so they can carry out their duties
- federal officials for national security and intelligence activities
- federal officials who provide protective services for the President and others, such as foreign heads of state, or to conduct special investigations
- a correctional institution if you are an inmate

- a school to confirm that you have been immunized.

### ***Other Uses of Your Medical Information***

We will not use or share your medical information for reasons other than those described in this Privacy Notice unless you agree to this in writing. For example, you may want us to give medical information to your employer. We will do this only with your written approval. BHPC will not use your personal medical information for marketing or sell your personal medical information without your written consent. Although you may revoke your consent (in writing) at any time, we cannot take back any medical information that has already been shared based on your prior approval.

### **Your Rights Regarding Your Medical Information**

The records BHPC create and maintain using your medical information belong to BHPC, but you do have the following rights:

#### ***Right to Review and Get a Copy of Your Medical Information***

You have the right to look at and get a copy of your medical information, including billing records. You must make your request in writing to the Privacy Officer at the address listed at the end of this Notice. We may charge a fee to cover copying, mailing, and other costs and supplies. In rare cases, we may deny your request for certain information. If we deny your request, we will give you the reason why in writing.

#### ***Right to Ask for a Change in Your Medical Information***

If you think our information about you is not correct or complete, you may ask us to correct your record by writing to the Privacy Officer at the address listed at the end of this Notice. Your written request must say why you are asking for the correction. We will respond in 60 days.

If we deny your request, we will tell you why in writing. You will then have the right to submit a written statement of 250 words or less that tells what you believe is not correct or is missing. We will add your written statement to your records and include it whenever we share the part of your medical record that your written statement pertains to.

***Right to Ask for Confidential Communications***

You have the right to ask us to communicate with you in a certain way or at a certain place. You must make your request in writing to the Privacy Office at the address listed at the end of this Notice. You do not need to tell us the reason for your request. Your request must say how or where you wish to be contacted. You must also tell us what address to send your bills for payment. We will accept all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.

***Right to Get a Paper Copy of This Notice***

You have the right to get a paper copy of this Notice, even if you have agreed to receive it electronically. You may get a copy:

- at our facility
- by contacting the Privacy Office at the number listed at the end of this Notice
- at [www.burkehospice.org](http://www.burkehospice.org)

*(A copy of the Notice of Privacy Practices is included in your Admission packet.)*

**Changes to this Notice**

We have the right to change this Notice of Privacy Practices at any time. Any change could apply to medical information we already have about you, as well as information we receive in the future. The effective date of this Notice is on the first page of the Notice. A copy of the current Notice is posted

at BHPC and on [www.burkehospice.org](http://www.burkehospice.org).

**How to Ask a Question or Report a Complaint**

If you have questions about this Notice of Privacy Practices or want to talk about a problem without filing a formal complaint, please contact the Privacy Officer at (828) 879-1601. If you believe your privacy rights have been violated, you may file a complaint with us. Please send it to the BHPC Privacy Official at the address listed at the end of this Notice. You may also file a complaint with the BHPC President & CEO or the Office for Civil Rights at the addresses listed at the end of this Notice. You will not be treated differently for filing a complaint.

**How to Contact Us**

**BHPC Privacy Officer**

**1721 Enon Road**

**Valdese, NC 28690**

**(828) 879-1601**

**[privacy.officer@burkehospice.org](mailto:privacy.officer@burkehospice.org)**

**BHPC President & CEO**

**1721 Enon Road**

**Valdese, NC 28690**

**(828) 879-1601**

**[ceo@burkehospice.org](mailto:ceo@burkehospice.org)**

**Office for Civil Rights, Region IV, DHHS**

**Atlanta Federal Center**

**61 Forsyth Street SW, Suite 3B70**

**Atlanta, GA 30323**