



NOTICE OF PRIVACY PRACTICES

Please review this notice carefully. It describes how your medical information may be used and disclosed. This notice also explains how you may get access to this medical information.

Gateway Hospice is required by law to maintain the privacy of your confidential health information and to provide you with this notice explaining our legal duties and privacy practices with respect to your protected health information. As a result, you will understand your rights, the legal duties of Gateway Hospice, and how we may use or disclose medical information about you.

1. How We May Disclose and Use Medical Information About You

The categories listed below describe the various ways Gateway Hospice uses and discloses your medical information. Although not every use or disclosure will be listed, all the ways we use or disclose information will fall into one of these categories.

- **Use of Medical Information for Treatment:** Gateway Hospice may use or disclose medical information about you in order to provide you with medical treatment. We can disclose information about you to nurses, doctors, therapists, or other personnel who have an involvement with your care. This may include information regarding medications that you are currently taking, x-rays, or lab work. For example, a doctor treating you for pneumonia may review an x-ray or other information gathered by a radiologist to properly treat you.
- **Use of Medical Information for Payment:** Gateway Hospice may use or disclose your medical information in order to properly bill you, an insurance company, or a third party for the services you were provided. For example, if you have health insurance we will disclose information to your health plan about services provided to you. This action will insure proper billing. Also, we may notify your health plan about an upcoming service in order to obtain approval and determine if the treatment will be covered.
- **Use of Medical Information for Health Care Operations:** Gateway Hospice may use or disclose your medical information for health care operations. In order to improve the quality of our services, members of our medical or nursing staff may use medical information regarding you to examine the care provided and the expected outcomes of that care.



- Other Uses and Disclosures of Your Medical Information:
- A) Business Associates – Services provided through contracts with business associates include billing, laboratory, or a copy service used when making copies of health records. Gateway Hospice will disclose information to these associates when services are contracted so they can effectively perform their jobs and receive a bill for the services provided. The business associate is required to safeguard your medical information.
- B) Directory – Your name, location, general condition (e.g., fair, stable, etc.) and your religious affiliation may be used for directory purposes. This may be used so your family and friends are able to visit you are aware of your current condition. Except for your religious affiliation, this information may be given to people who ask for you by name. Your religious affiliation may be disclosed to a member of the clergy even if they do not ask for you by name. You are entitled to the right to restrict or prohibit some or all of the uses and disclosures described in this paragraph.
- C) Those involved with your care and proper payment of your care - Gateway Hospice may disclose your medical information to a family member, close personnel friend, or any other person identified by you. The only information that will be disclosed is that which is directly relevant to the individual's involvement with your care or payment of care. Also, we may disclose medical information about you to a particular entity assisting in disaster relief. This is to make sure your family and friends can be notified of your location and condition. You are also entitled to the right to object to these disclosures to the extent that the objection does not interfere with emergency circumstances.
- D) Requirements by Law – Medical information about you may be required by state or federal law, but only given to authorized persons. Therefore, we may use or disclose that information to the extent necessary to meet the requirements of the law.
- E) Public Health Activities – Public health authorities are authorized to receive information for health purposes. Therefore, we may need to disclose your medical information to a particular authority. This is done for the purpose of preventing and controlling diseases or injury, reporting births, deaths, child abuse, reactions to medications or problems with products, notification of recalls or exposures to diseases.
- F) Abuse, Neglect, or Domestic Violence – We may disclose information about you to authorities if we suspect that you may be the victim of abuse,



neglect, or domestic violence. The disclosure will only be made if you agree or when required by law.

- G) Health Oversight Activities – Your medical information may be disclosed to a health oversight agency for various activities authorized by law. These oversight activities can include inspections, audits, investigations, and licensure. The government finds these activities necessary to monitor the health care system, government programs, and compliance with civil rights laws.
- H) Organ and Tissue Donation – Organizations that handle organ procurement to facilitate donation and transplantation may be in need of your medical information if you are an organ and tissue donor. Therefore, we must disclose that information to them.
- I) Judicial or Administrative Proceedings – Court or administrative orders may request that Gateway Hospice disclose your medical information to the appropriate individual. These orders include subpoenas, discovery requests, or any other lawful process by someone else in the dispute. This will only be done if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- J) Coroners, Medical Examiners, and Funeral Directors – Medical information may be necessary to identify a deceased person or to determine the cause of death. Therefore, we disclose your medical information to a coroner, medical examiner, and funeral director so they are able to carry out their duties.
- K) Research – Gateway Hospice may disclose your medical information to researchers. This is only done once we have proper documentation that verifies approval of the research by an institutional review board. This review board must evaluate the research proposal and establish protocols to ensure the privacy of the health information.
- L) Law Enforcement – A law enforcement official may request your medical information:
 - to respond to a court order, subpoena, warrant, summons or similar process
 - to identify or locate a wanted individual
 - if you are the victim of a crime
 - regarding a particular death that may be the result of criminals
 - regarding criminal conduct at Gateway Hospice
 - in emergency circumstances regarding a crime



- M) To Avert a Serious Threat to Health or Safety – Medical information about you may be disclosed to prevent a serious threat to your or the public’s health and safety.
- N) Specialized Government Functions - Gateway Hospice may disclose your medical information to authorized federal officials for national security activities authorized by law. These activities include intelligence and counterintelligence. If you are a member of the armed forces, military authorities may require your medical information. Also, we may disclose the medical information of those who are foreign military personnel to the appropriate foreign military authority. Those who are inmates of a correctional institution or under the custody of a law enforcement official may have their information disclosed to the correctional institution or law enforcement official. This disclosure would only be necessary:
- for the institution to provide you with health care
 - to protect your health and safety or the health and safety of others
 - for the safety and security of the correctional institution
- O) Benefits and Services - Gateway Hospice may use or disclose your medical information to inform you of possible treatment options or alternatives that may be of interest to you. Also, we may use or disclose the information to tell you about health-related benefits or services that may be of interest to you.
- P) Workers’ Compensation – Since workers’ compensation and similar programs provide benefits for work-related injuries or illnesses, we may disclose your medical information to these programs.
- Q) Fund Raising – Gateway Hospice may contact the patient to raise funds for the organization.
- R) Related Benefits and Services – Gateway Hospice may contact the patient to provide appointment reminders or information about treatment alternatives or other related benefits and services that may be of interest to the patient.

2. Notification Breach

Gateway Hospice complies with all federal and state requirements for notification following a breach.



- A) Affected individuals will be notified as soon as possible but no later than 60 calendar days from the date of the discovery of the breach. A breach is considered discovered when the organization becomes aware of the
- B) breach. The discovery standard applies to employees and agents of the organization, including business associates.
- C) Notification to affected individuals will include a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known. A description of the types of unsecured protected health information that were involved in the breach will be included. Individuals will be given steps to take to protect themselves from potential harm resulting from the breach. A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals and to protect against any further breaches. Also, contact procedures for individuals to ask questions or learn additional information will include a toll-free telephone number, email address, web site or postal.
- D) Notifications to affected individuals will occur by written notice. This will be received by first-class mail to the individual at the last known address. If the organization knows the individual is deceased and has the address of the next of kin, written notification will occur by first-class mail to them. In the case of insufficient or out-of-date contact information for less than 10 individuals, a substitute form of notification will occur such as telephone or other means. For insufficient or out-of-date contact information for 10 or more individuals notice can be provided in the form of a conspicuous posting for a period of 90 days on the home page of Gateway Hospice web page or in major print.
- E) In any case deemed by Gateway Hospice to require urgency because of possible imminent misuse of unsecured protected health information, the organization may provide information to individuals by telephone or other means, as appropriate.
- F) Gateway Hospice will maintain a log for breaches of unsecured protected health information involving less than 500 individuals. Not later than 60 days after the end of each calendar year the organization will notify Health Human Services (HHS), in the manner specified on the HHS web site, of breaches discovered during the preceding calendar year.

3. Your Rights Regarding Your Own Medical Information



Your medical information belongs to you, even though it is the property of Gateway Hospice. You are entitled to the following rights regarding your medical information:

- **Right to Request Restrictions**
You have the right to request a limitation or restriction on the medical information we use or disclose concerning you. For example, you are able to request that we not disclose information regarding a particular service you received to a certain family member. Gateway Hospice is not required to comply with your request. If we do comply, we will agree to the request unless the information is needed to provide emergency treatment. You are required to submit your request in writing to the Chief Operating Officer. The request must include what information you want to limit and to whom you want the limits to apply.
- **Right to Request Alternate Communications**
You have the right to request that we communicate with you in a confidential manner or at a certain location. You must submit your request in writing to the Chief Operating Officer. The request must specify how or where you would like to be contacted. Gateway Hospice will not ask you the reason for your request and we will accommodate all requests we find reasonable.
- **Right to Inspect and Copy**
You have the right to review and copy your own medical information, with few limited exceptions. You must submit this request in writing to the Chief Operating Officer. We may charge a fee for the costs of processing your request.
- **Right to Amend**
As long as your medical information is kept by or for the Facility, you may ask us to amend the information if you feel it is incorrect or incomplete. The request must be made in writing to the Chief Operating Officer. A reason must be also included with the request.

Please be aware that we may deny your request for an amendment for various reasons. If the request is not in writing or it does not include a reason, we may deny. Also, if the information was not created by us or is not part of the medical information kept by us, we may deny. Also be aware that we will deny the amendment if the information is accurate and complete.



If your particular request for an amendment is denied and you disagree with the denial, you may file a statement of disagreement in your record.

- **Right to an Accounting of Disclosures**

A list of certain disclosures we made to your medical information is called an “accounting of disclosures”. You have the right to request this

information. Submit your request in writing to the Chief Operating Officer. The request must state a time period which may not be longer than six years from the date of request and may not include dates before April 14, 2003. The request must also indicate what form you would like the list (i.e. paper or electronically). The first list you request within a 12 month period will be free. A fee may be charged for additional lists. We will be sure to notify you of the cost involved so you are able to withdraw or modify your request before any costs are incurred.

- **Right to opt out of receiving fundraising communications.**

You have the right to request not to receive fundraising material. You must submit this request in writing to the Chief Operating Officer.

- **Right to Paper Copy of This Notice**

You have the right to a paper copy of this notice even if you have agreed to receive it electronically. You may ask for a copy at any time, see “Patient Privacy Rights” Policy No. C:2-015).

4. Other Uses and Disclosures of Your Medical Information

Other Uses and Disclosures of your medical information that are not covered by this notice or the laws that apply to us will only be made with your written authorization. If an authorization is provided by you, you may revoke that authorization, in writing, at any time. If your authorization is revoked, we will no longer use or disclose your medical information due to the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization and we are required to retain our records of the care that we provided to you.

5. Privacy of Protected Health Information

Gateway Hospice will, as required by law, maintain the privacy of protected health information and will provide patients with notice of its legal duties and privacy practices. We will notify affected individuals following a breach or unsecured protected health information. Gateway Hospice will abide by the terms of the notice currently in effect. We reserve the right to change the terms of the notice and make the new notice provisions effective for all protected health information that it maintains. The notice will describe how



the new notice will be provided to individuals.

6. Changes to This Notice

Gateway Hospice is required to abide by the terms of this notice, as it may be updated from time to time. We reserve the right to change this notice and specify the effective date for the changed notice. The new notice will be distributed to all patients/clients on service at the time of the change. You can

obtain copies of the current notice by getting in contact with the Chief Operating Officer.

7. Complaints

A complaint may be filed with the location described in the following section, “Contacting Us” or with the Secretary of the Department of Health and Human Services. If you believe your privacy rights have been violated, file a complaint in writing to us. Remember that you will not be retaliated against for filing a complaint.

8. Contacting Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact our office at:

Gateway Hospice
9380 McKnight Road
201 Arcadia Court
Pittsburgh, PA 15237
1-877-878-2244

9. Effective Date

The effective date of HIPAA is September 12, 2013