



## PRIVACY NOTICE

Houston Hospice is legally required to protect the privacy of your health information. This information is called 'protected health information'. Protected health information, or **PHI**, is information that can be used to identify you that we have either received or created, and relates to:

- Your past, present, or future physical or mental health or condition
- The provision of health care to you, or
- The past, present, or future payment for your health care.

Houston Hospice is committed to protecting medical information about you. We are legally required to:

- Maintain the privacy of your protected health information
- Provide you or your legal representative with this notice about our privacy practices.
- Follow the privacy practices described in this notice.

Houston Hospice reserves the right to change the terms of this Notice. The new notice will be effective for all protected health information that we process at that time and that we receive in the future. The current 'Privacy Notice' will be posted prominently in our offices and on our web page at [www.houstonhospice.org](http://www.houstonhospice.org). We will provide you or your legal representative with a copy upon request made to the Privacy Officer (713-467-7423).

### **This notice explains how, when and why we use and disclose your PHI.**

THE FOLLOWING IS A LIST OF HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION ONCE YOU SIGN A CONSENT FORM.

To Provide Treatment. Houston Hospice may use your health information to coordinate care within Houston 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 Houston Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Houston Hospice also may disclose your health care information to individuals outside of Houston Hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. Houston Hospice may use and disclose **PHI** so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. Before providing treatment or services, we may share PHI with your health plan concerning the services you are scheduled to receive. For example, we may use and disclose PHI to find out if your health plan will approve the service and cover the costs of the services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care in order to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities.

To Conduct Health Care Operations. Houston Hospice may use and disclose health information for its own operations in order to facilitate the function of Houston Hospice and as necessary to

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provide quality care to all of Houston Hospice'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.
- Professional review and performance evaluation.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- 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 the Hospice.

For example Houston Hospice may use your health information to evaluate its staff performance, combine your health information with other Houston Hospice patients in evaluating how to more effectively serve all Houston Hospice patients, or disclose your health information to hospice staff and contracted personnel for training purposes.

For Treatment Alternatives. Houston 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.

### USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

To Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. For example, we may use our professional judgment and our experience with common practice to make reasonable decision about your best interests in allowing a person to act on your behalf to receive prescriptions or pick up filled prescriptions or receive supplies.

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

For Patient Directory. Unless you object (in whole or in part), Houston Hospice may disclose certain information about you including your name, your general health status, your religious affiliation and where you are in the Hospice's facility in a Hospice directory. All of this information, except religious affiliation, will be disclosed to people asking for you by name. Members of the clergy will be told your religious affiliation.

Fundraising Activities. Houston Hospice 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 Houston Hospice. If you do not want Houston Hospice to contact you or your family, notify the *Development Office at 713-677-7123 or 1-800-630-7894* and indicate that you do not

wish to be contacted.

Disaster Relief: Houston Hospice may disclose your protected health information to disaster relief organizations to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such disclosure whenever we practicably can do so.

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

To Business Associates. Houston Hospice may disclose protected health information to our business associates who perform functions on our behalf or provide us with services if protected health information is necessary for those functions or services. A business associate is an individual or entity under contract with Houston Hospice and may include, but is not limited to, accountants, auditors, consultants, lawyers, and medical storage companies.

When Legally Required. The Hospice 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 Hospice may disclose your health information for public activities and purposes to:

Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

Report adverse events or product defects; enable product recalls, tracking, repairs and replacements; and 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. The Hospice is obligated 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 agency for activities including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action.

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.

For Law Enforcement Purposes. As permitted or required by State law, the Hospice 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

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Pursuant to a court order, warrant, subpoena or summons or similar process.

For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

Under certain limited circumstances, such as when you are the victim of 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.

In an emergency in order to report a crime.

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 and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Hospice may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. The Hospice 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. The Hospice may, under very select circumstances, use your health information for research. Before the Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process

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.

For Specified Government Functions. In certain 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, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

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

SUD Treatment Information. If the Hospice receives or maintains any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above, the Hospice will not disclose your health information other than with 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.

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. 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 the payment of your care. However, Houston Hospice is not required to agree to your request. If you wish to make a request for restrictions, please send a written request to Medical Records Department 1905 Holcombe Blvd Houston, TX 77030. You should include in your written request what information you want to limit, whether you want to limit our use and/or disclosure, and to whom you want the limits to apply.

Out-of-pocket payments. If you paid out-of-pocket (meaning you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment of a care operations, and we will honor that request.

Right to receive confidential communications. You have the right to request that Houston Hospice communicate with you in a certain way. For example, you may ask that we only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communication, please make a written request to Medical Records Department 1905 Holcombe Blvd Houston, TX 77030. Your written request should state how and when you wish to be contacted. Houston Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and obtain a copy of 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 to the Medical Records Department at 713-467-7423. If you request a copy of your health information, Houston Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

Right to an electronic copy of electronic medical records. If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format, or if you do not want this form or format, a readable hard copy form will be provided. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to amend health care information. You or your representative has 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 information is maintained by the Hospice. A request for

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amendment of records must be made in writing to the Medical Records Department 1905 Holcombe Blvd. Houston, TX 77030. The Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also 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.

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 for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to *Medical Records Department 1905 Holcombe Blvd. Houston, TX 77030*. 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 of time in excess of six (6) years. The Hospice 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.

Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecured protected health information.

Right to a paper copy of this notice. You or your 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, please contact the *Compliance Officer at 713-467-7423*.

You may also receive a copy from our website at [www.houstonhospice.org](http://www.houstonhospice.org)

### COMPLAINTS

You or your personal representative has the right to express complaints to the Hospice and to the US Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Houston Hospice should be made in writing to the Compliance Officer at 1905 Holcombe Blvd., Houston, TX 77030 or by calling 713-467-7423. Houston Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also contact the U.S. Department of Health and Human Services (DHHS) 200 Independence Ave. S.W., Washington, D.C. 20201, or call toll free 1-877-696-6775.

### CONTACT PERSON

You may contact Houston Hospice's Privacy Officer for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact the Compliance Officer at 1905 Holcombe Blvd., Houston, TX 77030, 713-467-7423.

### EFFECTIVE DATE

This Notice is effective April 14, 2003.

Effective Date of Last Revision: February 12, 2026