

## **Notice of Privacy Practices**

### **ALIVIA CARE**

*Home Health Agency License Number: 299993177*

**THIS NOTICE OF PRIVACY PRACTICES (THIS “NOTICE”) DESCRIBES HOW YOUR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE FOLLOWING CAREFULLY.**

#### **OUR COMMITMENT TO PROTECTING YOUR PRIVACY:**

We are required to:

- Make certain that your Protected Health Information (“PHI”) is kept private;
- Provide you with this Notice in explanation of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of this Notice currently in effect;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations; and
- To notify affected patients if a breach occurs.

If we change this Notice, you may access the revised Notice using one of these options: at our office location; or from our Privacy Officer, whose contact information may be found at the end of this Notice.

#### **HOW YOUR PHI MAY BE USED OR DISCLOSED:**

We must also disclose PHI to the Secretary of the U.S. Department of Health and Human Services (“DHHS”) for investigations or determinations of our compliance with laws on the protection of your PHI. The following examples describe different ways your PHI may be disclosed without obtaining your consent. The examples included within each category do not list every type of use or disclosure that may fall in that category.

##### **Treatment:**

We may use and disclose your PHI in order to provide treatment, coordinate your care with other providers and provide other services to you. For example: information obtained by a

nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your interdisciplinary care team. Members of your interdisciplinary care team will then record these actions and their observations. We will also provide other treating physicians, specialists, pharmacists, laboratories or other providers with information necessary for their provision of treatment or services to you.

**Payment:**

We may use and disclose your PHI so that we may bill and collect payment for treatment and services provided to you. For example, before providing treatment or services, we may share details with your health plan provider concerning the treatment or services you are scheduled to receive and the related diagnosis for such treatment or services. We may use and disclose PHI for billing, claims management and collection activities.

**Health Care Operations:**

We may use and disclose your PHI in performing business activities, which are called health care operations. Health care operations include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of student nurses, licensing, communications regarding a product or service, and conducting or arranging for other health care related activities, such as to provide you with information about treatment alternatives or other health-related benefits and services.

For example, we may use your PHI to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others. Another example is that your PHI may be seen by doctors reviewing the services provided to you and by accountants, lawyers and others who assist us in complying with the law and managing our business.

**Business:**

We may use and disclose your PHI with third-party “business associates” who perform various activities (for example, billing or transcription services). The business associates will also be required to appropriately safeguard your PHI.

**Communication with Relatives, Close Friends and Other Caregivers:**

If you have signed an acknowledgement agreeing to be listed in our patient directory the permits us to let your family, friends and other persons who inquire know your care location, general condition and religious affiliation. You will be assigned a Protected Health Information (PHI) Security Code. When you share your PHI Security Code you will be allowing the person you provide your PHI Security Code with access to your health information and physician location. If you are not present, are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest.

If we disclose PHI to a family member, other relative or a close personal friend, we would disclose only PHI that is directly relevant to the person's involvement with your health care or payment related to your health care.

**Research:**

We may use or disclose PHI to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Public Health:**

We may use or disclose your PHI to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability;
- Report disease, injury, birth or death;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease;
- Notify the appropriate government authority if we believe a patient as been the victim of abuse, neglect, or domestic violence; or
- To report to your employer, under limited circumstances, as required by law, information related primarily to workplace injuries or illness, or workplace medical surveillance.

**Food and Drug Administration (FDA):**

We may use or disclose your PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Law Enforcement:**

We may use or disclose your PHI if law or regulation requires the use or disclosure.

**Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations:**

We may use or disclose your PHI to coroners, medical examiners or funeral directors for identification to determine the cause of death or for the performance of other duties authorized by law. If services are to be held at the any of our Centers for Caring, the patient's name may be placed on the lobby marquee on the day of the service. We also may use or disclose your PHI to organ procurement organizations or other entities that handle organ, eye

or tissue procurement, banking, or transplantation for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Fundraising:**

We may use or disclose your PHI in order to contact you or a family member as part of a fundraising effort. Your name, address, phone number and the dates you received care may be used as part of a fundraising effort. If you do not wish to be contacted, you may opt-out by sending a notification in writing to our Privacy Officer, indicating that you do not wish to be contacted.

**Workers' Compensation:**

We may use or disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Inmates:**

We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI while providing care to you. This disclosure would be necessary for the institution to provide you with health care; or for your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Parental Access:**

Some state laws concerning minors permit or require disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosure following such laws.

**Disaster Relief:**

We may use or disclose your PHI to emergency management services during any disaster so that any family can be notified about your condition and location.

**Other Uses and Disclosures:**

We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

**YOUR RIGHTS REGARDING YOUR PHI:**

Under federal law, you have the following rights regarding the PHI that we maintain about you:

**Right to Request Restrictions:**

You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the HIPAA Privacy Rule. We are not required to agree to your request except if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and the information pertains solely to a healthcare item or service for which you have paid in full. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include the information that you want to restrict, how you want to restrict the information, and to whom you want the limits to apply.

**Right to Receive Confidential Communications:**

You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. You must make your request in writing to our Privacy Officer. You must specify how you would like to be contacted. You do not need to give a reason for your request. We are required to accommodate reasonable requests.

**Right to Inspect and Copy:**

You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. For advanced care management services provided by us (“ACM Services”), records may be stored with other treatment records at Flagler Hospital. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding. We may deny your request to inspect and copy your PHI only in limited circumstances; however, you can submit a written statement of disagreement. To inspect and copy your PHI, please contact our Privacy Officer. If you request a copy of your PHI, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

**Right to Amend:**

You have the right to request that we amend PHI about you if you believe it is incorrect or incomplete. You may request an amendment as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, (including if it is not in writing or if you do not give us a reason for the request).

**Right to Receive Accounting of Disclosures:**

You have the right to request an “accounting” of certain disclosures that we have made of your PHI. This is a list of disclosures made by us during a specified period of up to six (6) years prior to the date of the request, other than disclosures made for the following:

- treatment, payment and health care operations;
- for use in or related to a facility directory;
- to family members or friends involved in your care, or to you directly;
- pursuant to an authorization by you or your personal representative;
- for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes; or
- for disclosures made before April 14, 2003.

If you wish to request this accounting, please submit your request in writing to our Privacy Officer. The first list you request in a twelve (12) month period is free of charge, but we may charge you for additional lists within the same twelve (12) month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to Receive Notification:**

You have the right to receive a notification from us in the event of any breach of your unsecured protected health information.

**Right to a Paper Copy of this Notice:**

You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you have any questions or if you would like additional information, you may contact our Privacy Officer at **904.407.7097**. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services. **There will be no retaliation for filing a complaint.**

**Privacy Officer  
Community Hospice of Northeast  
Florida, Inc. d/b/a Alivia Care  
4266 Sunbeam Road  
Jacksonville, Florida 32257  
904.407.7097**

**Secretary  
Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201  
877.686.6775 (Toll Free)**

The first use and effective date of this Notice is June 1, 2022.