

## Notice of Privacy Practices

YOUR PRIVACY IS IMPORTANT TO YOU – IT IS IMPORTANT TO US.

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

Care Partners may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Care Partners has established policies to guard against unnecessary disclosure of your health information.

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

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

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

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

- alternatives and other related functions that do not include 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 the Hospice.

For example the Hospice may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to Hospice staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you or for community information mailings (unless you tell us you do not want to be contacted.)

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

**For Treatment Alternatives:** The 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.

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

**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 in order 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, 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:** The Hospice is allowed 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 hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Hospice, however, may not disclose your health information if you are the subject of an investigation, and your health information is not directly related to your receipt of health care or public benefits.

**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 pursuant to the 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, 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. This allows the funeral directors to carry out their duties with respect to your funeral arrangements. If necessary, 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 and law enforcement custody.

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

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

Other than those possible situations stated above, the Hospice will not disclose your health information without your written authorization. This includes any disclosure of health information related to psychotherapy notes, marketing, and the sale of PHI. 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 disclosure of your health information to someone who is involved in your care or the payment of your care. You have a right to restrict disclosure of your health information to health plans if you pay out of pocket in full for that care or treatment. If you wish to make a request for restrictions, please contact the Care Partners privacy official (503-648-9565).
- **Right to receive confidential communications:** You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Care Partners Hospice privacy official (503-648-9565). *The 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 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 to the Care Partners privacy official (503-648-9565). If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request.
- **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 an amendment of records must be made in writing to the Care Partners privacy official (503-648-9565). 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 the Care Partners privacy official (503-648-9565). 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 be notified of any data breach:** You or your representative has a right to be notified following a data breach. The individual notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps the affected individual should take to protect themselves from potential harm, a brief description of what Hospice is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the agency. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification must include a toll-free number for individuals to contact the covered entity to determine if their protected health information was involved in the breach.
- **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, have received this Notice previously. To obtain a separate paper copy, please contact the Care Partners privacy official (503-648-9565). The patient or a patient's representative may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at its website:  
[www.carepartnersor.org](http://www.carepartnersor.org)

## DUTIES OF THE HOSPICE

- The Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Hospice is required to abide by the terms of this Notice as may be amended from time to time. The Hospice 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 the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative, have the right to express complaints to the Hospice and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to the Care Partners privacy official.

The 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.

## CONTACT PERSON

The Hospice has designated the Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 12670 NW Barnes Rd. N#100, Portland, OR 97229.  
Phone: (503) 648-9565.

## EFFECTIVE DATE

This Notice is effective August 25, 2015

IF YOU HAVE QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT the Privacy Official of Care Partners, 12670 NW Barnes Rd. #100, Portland, OR 97229.  
Phone: (503) 648-9565.

## Your Rights and Responsibilities

**Care Partners affirms the following rights and responsibilities of the hospice patient/family.**

### **The Patient Has The Right:**

1. To be informed of his or her rights;
2. To exercise his or her rights as a patient of the hospice;
3. To have his or her property and person treated with respect;
4. To voice grievances regarding treatment or care that is (or fails to be) furnished and the lack of respect for property by anyone who is furnishing services on behalf of the hospice;
5. To not be subjected to discrimination or reprisal for exercising his or her rights;
6. To receive effective pain management and symptom control from the hospice for conditions related to the terminal illness;
7. To be involved in developing his/her hospice plan of care, including decision making in relation to the goals of hospice care;
8. To refuse care or treatment;
9. To withdraw from the program at any time;
10. To choose his or her attending physician;
11. To have a confidential clinical record and to receive a Notice of Privacy Practices;
12. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property;
13. To receive information about the services covered under the hospice benefit;
14. To receive information about the scope of services that the hospice will provide and specific limitations on those services;
15. To receive information about the hospice concept and admission criteria;
16. To receive care without regard to race, color, religion, sex, handicap, national origin, sexual orientation or the ability to pay for services.
17. To be free from chemical and physical restraints.

### **The Patient Has The Responsibility:**

1. To provide accurate information that may be useful to the hospice team in delivering appropriate care;
2. To promptly report any changes in his/her condition;
3. To inform hospice staff of any problems or dissatisfaction with the care/services provided;
4. To treat hospice staff with respect and consideration and provide a safe environment;
5. To provide a smoke free environment for hospice staff and volunteers during home visits

### **Special Circumstances:**

1. If a patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed pursuant to state law to act on the patient's behalf.
2. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's

rights to the extent allowed by state law.

## How Can I Communicate A Complaint?

Care Partners strives to provide you with the best care and service at all times. However, we know that concerns do arise from time to time. Primary caregivers will receive a family satisfaction survey to complete at the conclusion of hospice service; however, it is of the utmost importance that you not wait to express your concerns. We are interested in providing excellent service to you at all times during your hospice care. If you have a concern or complaint we encourage you to share it directly with any member of your care team. You may do so without fear of discrimination or reprisal. We value your opinion and feedback. Alternatively, or in addition, you may call Care Partners at (503) 648-9565 or (888) 968-9565 and ask to speak with a manager or supervisor.

1. Your complaint will be dealt with quickly and thoroughly. An investigation will be conducted by a Care Partners manager. You, your family or caregivers may be contacted for more information.
2. You will be informed of the results of this investigation and every effort will be made to resolve your complaint or grievance.
3. Should you file a grievance regarding a violation of law or regulation and it is verified—Care Partners will report the violation as required by law to government agencies having jurisdiction.

### Oregon Health Authority Complaint Hotline (971) 673-0540

If you wish to file a complaint, you may file directly with the Oregon Health Authority, the state agency that licenses hospice programs. The Oregon Health Authority is responsible for promptly investigating all complaints received.

## If You Think Someone Is In Danger Of Being Hurt

**CALL 1-855-503-SAFE (7233)** (*available 24 hours/day – 7 days/week*)

This toll-free number allows you to report abuse or neglect of any child or adult to the Oregon Department of Human Services. If you suspect abuse, neglect or financial exploitation of an **elderly person or an adult with physical disabilities**, report abuse or neglect to the Department of Human Services office in your area by looking on the following website: [www.oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx](http://www.oregon.gov/DHS/Offices/Pages/Seniors-Disabilities.aspx) You may remain anonymous.

## Discrimination is Against the Law

Care Partners complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Care Partners does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Care Partners**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Jessica Vizcarra.

If you believe that Care Partners has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Jessica Vizcarra, Compliance & Performance Improvement Manager  
12670 NW Barnes Rd #100  
Portland, OR 97229, 1-503-648-9565, Fax: 1-503-648-1282,  
[jessica.vizcarra@carepartnersor.org](mailto:jessica.vizcarra@carepartnersor.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jessica Vizcarra is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201



1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>