

YOUR RIGHTS

notice of privacy practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice of Privacy Practices carefully. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Your Rights

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.



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Your Rights, cont –

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice of Privacy Practices

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights. To make a complaint, request, or to ask a question, contact the Northern Illinois Hospice Privacy Officer at 815.398.0500 or at Northern Illinois Hospice, 4215 Newburg Rd., Rockford, IL 61108.
- You also can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W. Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We also may share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.



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Our Uses and Disclosures, cont –

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary

Example: We use health information about you to manage your treatment and services

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities

Example: We give information about you to your health insurance plan so it will pay for your services

How else can we use or share your health information?

- We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety



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Our Uses and Disclosures, cont –

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in a response to a court or administrative order, or in response to a subpoena.



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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind
- Our employees and volunteers respect your right to privacy and are committed to safeguarding the privacy of your protected health information

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective September 23, 2013.



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advance directives information statement

Patient Information Regarding Organization Policies and Procedures

You have received a copy of the Patient Rights and Responsibilities document in this packet in addition to several other forms/handouts. Northern Illinois Hospice personnel reviewed these materials with you on the initial visit. In addition, there are other organization policies and procedures reviewed with you that are related to your rights as a patient receiving service from Northern Illinois Hospice. These policies and procedures are summarized below:

Advance Directives/Withholding of Resuscitative Services

You were asked during the initial visit if you had executed an Advance Directive. If you have not executed an Advance Directive, you have also been provided with literature relative to your rights under federal and state law to execute such a document. Northern Illinois Hospice policy states that:

“Northern Illinois Hospice recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of Northern Illinois Hospice to encourage individuals and their families to participate in decisions regarding care and treatment. Valid Advance Directives, such as living wills, Durable Powers of Attorney, and DNR (Do Not Resuscitate) or DNI (Do Not Intubate) Orders will be followed to the extent permitted and required by law. In the absence of Advance Directives, Northern Illinois Hospice will provide appropriate care according to the plan of treatment authorized by the attending physician and the hospice interdisciplinary group including the hospice Medical Director. Northern Illinois Hospice will conform to state laws regarding implementation of an Advance Directive. Northern Illinois Hospice will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive.”

It is also Northern Illinois Hospice's policy that:

“In the event of cardiac or pulmonary arrest, cardiopulmonary resuscitative measures will be promptly initiated unless a Do Not Resuscitate/Do Not Intubate (DNR/DNI) or Physician Orders for Life Sustaining Treatment (POLST) order has been written by the physician in charge and documented in the patient's clinical record.”

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Guidelines

1. A DNR, DNI and/or POLST decision is to be made by the attending physician in consultation with the patient and/or other legally responsible person when, in the judgment of the physician, the patient suffers from an incurable terminal illness, death is reasonably imminent in all medical probability, and resuscitation will do nothing to relieve the underlying disease condition, nor the probability of death. This order must be written in the patient's clinical record as any other treatment order.
2. The DNR/POLST order will be re-evaluated under the following conditions:
 - There is a significant change in patient condition
 - At the request of the patient guardian

It will be the responsibility of the nurse to communicate to the primary attending physician any change in the patient's condition that may make a continuing DNR/POLST order questionable, so that the physician (or other authorized licensed independent practitioner) may re-evaluate the appropriateness of the order.

3. The order may be revoked at any time, verbally or in writing, by the competent patient, the guardian of the incompetent patient, or by the attending physician (or other authorized licensed independent practitioner).
4. The DNR/POLST order(s) will be kept in the patient's clinical record, and a copy will be kept in the patient's home.
5. Any Northern Illinois Hospice personnel informed of or provided with a revocation of consent will immediately record the revocation request in the patient's clinical record, cancel the order, and notify the physician (or other authorized licensed independent practitioner) responsible for the patient's care of the revocation and cancellation." All members of the hospice Team will be notified in a timely manner.



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Ethics

It is also Northern Illinois Hospice's policy that if an organization staff member informs management that he/she cannot implement an Advance Directive and/or DNR/POLST order on the basis of personal belief/conscience, then that organization staff member will be reassigned.

As a consequence of the complex technical and ethical issues arising today in the provision of care at home, Northern Illinois Hospice has ethics advisors. These advisors assist Northern Illinois Hospice in responding to the challenges confronting health care providers who are involved in difficult treatment choices and care decisions. Care decisions may involve ethical issues regarding the withholding, or withdrawal of treatment. You, or your representative, have the right to participate in any discussions concerning ethical issues arising from your care.

If you have any questions concerning your rights, these related policies or other organization policies, please discuss them with your nurse or call the Northern Illinois Hospice office at 815. 398.0500 and ask to speak with the Director of Clinical Services or designee.