

## **NOTICE OF PRIVACY PRACTICES**

**Effective March 2025**

**This notice describes how medical information about you may be used and disclosed by the organization, Choices Healthcare, how you may access this information, how to file a HIPAA complaint and your right to receive a copy of this notice. All patients admitted to a program of the organization receive this notice. Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer, who is available at the Lancaster office or by phone at 717-295-3900, and email at [privacyofficer@choiceshealth.org](mailto:privacyofficer@choiceshealth.org).**

This notice describes our organization's practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by the organization or assist in the coordination of your care.
- Any member, volunteer group or student we allow to help you while you are being cared for by our organization.
- All employees and other organization personnel.

We understand that medical information about you and your health is personal. We are committed to protecting that information. We create a medical record of the care and services that you receive from our organization. We need this record in order to provide you with quality care and comply with certain legal requirements. We also use certain health information in order to obtain payment for the care we provide to you. This notice applies to all records of your care generated by our organization. Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office, clinic or hospital.

### **HEALTH INFORMATION EXCHANGES**

Choices Healthcare participates in initiatives to facilitate electronic sharing including, but not limited to, Health Information Exchanges (HIEs) which involve coordinated information sharing among HIE members for purposes of treatment, payment and healthcare operations. Patients may opt-out of some of these electronic sharing initiatives such as HIEs. The organization will use reasonable efforts to limit the sharing of PHI in such electronic sharing initiatives for patients who have opted-out. If you wish to opt-out, please contact the Privacy Official.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

For each category described below, we will provide an explanation and example. Not every use or disclosure is listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, social workers, medical students or other personnel who are involved with taking care of you while under our care. For example, a

nurse who is seeing you for symptoms, such as pain and nausea, may need to share that information with the social worker involved in your care so he/she may assess how these symptoms are impacting your quality of life. In addition, the RN may need to inform the LPN who may be assisting you with bathing and meals so that appropriate interventions can be made. Medical information may also be shared with other health care providers outside of our organization, such as your physician or a pharmacy, in order to coordinate the things that you may need, such as prescriptions, medical equipment or lab work.

#### For Payment

We may use and disclose medical information about you so that treatment and services you receive from our organization may be billed for and payment collected from you, Medicare, an insurance company or a third party. For example, we may need to give your health insurance plan information about the care and service that our staff provided to you, so we receive payment for that care and service. We may also tell your health insurance plan in advance about care and service you are going to receive in order to obtain approval and determine whether that care and service is covered.

#### For Health Care Operations

We may use and disclose medical information about you for organizational operations. These uses and disclosures are necessary to run our organization and to provide quality care to all of our patients. For example, we may use medical information to review our care and services and to evaluate the performance of our staff in caring for you. We may also use and disclose medical information to physicians, medical students, nursing students or other personnel for review and learning purposes.

#### Fundraising Activities

We may use certain information (names, addresses, telephone numbers, and dates of service) in connection with our fundraising activities, such as the Labor Day Auction. These activities raise money to expand and enhance the services and programs we provide to the community.

#### Hospice Inpatient List

We may disclose limited information about you if during the course of your care you are transferred to our Inpatient Center. This information may include your name, location within our center and general condition. This information may be released only to those who identify themselves and ask for you by name. This is done so family, friends and clergy are able to visit you while you are in our center. You may object to this information being shared.

#### Treatment Alternatives and Health Related Benefits and Services

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, as well as health related benefits and services that may be of interest to you. We may also tell your family members about some of our services that may be of interest to them.

#### Individuals Involved In Your Care

We may release medical information about you to a family member or close friend involved in your medical care or payment of that care. In addition, if you would require treatment for injuries

resulting from a disaster, we may disclose medical information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status and location.

### Bereavement Services

Bereavement services are available to all organization family members, caregivers and community members following the death of a loved one. Information regarding participation may be shared with others involved in bereavement services.

Individual names may be listed and shared as part of our commemorative ceremonies, such as our annual Service of Remembrance and Light up a Life programs. You may choose to not have your name or that of a loved one listed by informing Choices Healthcare.

### Research

Under certain circumstances, we may use and disclose medical information for research purposes. For example, a project may involve comparing patients who received one medication to those who received another for management of a specific symptom. Before we disclose information for research purposes, the project will be subject to a special approval process.

### Limited Data Set

We may use or disclose certain information that does not directly identify you for research, public health, or health care operations if the recipient of that information agrees to protect the information.

### To Avert a Serious Threat to Health or Safety

We may use and disclose medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

### Coroner, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner when indicated. We may also release information about patients of our organization to funeral directors as necessary to carry out their duties.

### Organ/Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or transplantation as necessary to facilitate donation and transplantation.

### Workers' Compensation

We may release medical information for workers' compensation or similar programs. These programs provide benefits for work-related illnesses or injuries.

### Public Health Risks

We may disclose medical information about you for public health activities, such as, to report reactions to medications or problems with products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or to notify the appropriate government authority if we believe a patient has been the victim of abuse/neglect.

### Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These include, for example, audits, licensure and accreditation activities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws.

### Military Notification

We may disclose medical information about you as requested to the American Red Cross to provide family assistance in arranging emergency leave for a service person.

### Government Purposes

We may disclose health information for specific government purposes. We may release health information about military personnel to command authorities. We may also release health information to authorized federal officials for intelligence, counterintelligence, other national security activities and federal protection services, as authorized by law. In certain circumstances, we may release information about inmates to a correctional institution or law enforcement official.

### Lawsuits and Disputes

We may disclose medical information in response to a court order, subpoena, discovery request or other lawful process. We may also disclose information to someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### Law Enforcement

We may disclose medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if under certain circumstances we are unable to obtain the person's agreement; about a death we believe may be a result of criminal conduct; about criminal conduct by our agency; and in emergency situations to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

### Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional facility or law enforcement officials. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional facility.

### Incidental Uses and Disclosure

We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and cannot reasonably be prevented.

Certain types of health information are subject to more stringent protections under state law than described above. Drug and alcohol treatment may only be released with your authorization or a Court Order in limited circumstances. Mental Health records and HIV-related information, such as information related to testing, may only be released without your authorization in limited situations under state law.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

#### Right to Access, Inspect, and Copy

You have the right to access, inspect and receive copies of your medical information that may be used to make decisions about your care, including medical and billing records. You must submit a request for your medical record to the Health Information Management Department. You or your authorized legal healthcare representative shall not be charged a fee for the reproduction or inspection of any PHI/medical records regardless of the form or format. You may request to inspect or obtain your medical records at any point during or after your care for as long as the records are retained, according to state and federal laws. Inspection of the records will occur at a mutually agreed upon location. You have the right to request that your medical records be transmitted to a third party.

If we maintain any of your medical information in an electronic format, you may request that we provide copies of the information to you in an electronic format. You should specify this on your request and tell us how to provide this information to you. If you request that the information be sent to you by electronic, non-secure means, you will be asked to sign a Consent for Transmission of Protected Health Information by Non-Secure Means. Please note that Choices Healthcare will not be responsible for the security of this medical information after we transmit it electronically. For example, by email.

#### Right to Amend

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by our organization. You must submit a request for an amendment to the Health Information Management Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment in certain circumstances, and we will notify you in writing of a denial of your request and your rights in the event of a denial.

#### Right to Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of medical information about you. Not all of our disclosures must be included on this list. For example, we are not required to include disclosures in connection with your treatment, payment for your care, or our health care operations. Your request for an accounting must state a time period, which may not be longer than ten years and may not include dates before April 13, 2003. You must submit a request for a list of disclosures to the Health Information Management Department. Your request should

indicate in what form you want the list, for example, on paper or electronically. We will notify you if any cost is involved and you may choose to withdraw or modify your request at that time.

### Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone that is involved in your care or the payment of your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. (If you request that we restrict the information that we give to your health care plan(s) or that we use for health care operations, we must honor this request if the items or services in question were only paid for by you alone. If they were not paid for by you alone or if the health information is used for treatment purposes, we do not have to honor your request.) If we do agree, we will comply unless the information is needed to provide you emergency treatment. To request restrictions, you must make a request in writing to the Health Information Management Department. In your request you must identify what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, your spouse.

### Right to Request Confidential Communications

You have the right to request that we communicate about your medical information in a certain way or location. For example, if you are currently working and do not want contact made at your home with your spouse, you may request that we contact/visit you only at work. To request confidential communications, you must notify the organization's staff or make a request in writing to the Health Information Management Department. Your request must specify how or where you wish to be contacted. We will not ask the reason for your request, and we will accommodate all reasonable requests.

### Right to Notice of Unauthorized Disclosure of Unsecured Protected Health Information

We will make every attempt to make sure that your health information is not released to any person, except as this Notice has described above. If any unauthorized disclosure of your health information poses a significant risk of harm to you, whether it is financial, reputational, or some other harm, we will notify you of the disclosure. This disclosure will be within 60 days of when we discover the disclosure. If such a disclosure occurs, with the potential to cause harm to you, we will describe what happened, what types of information were disclosed, what steps we have taken to protect you, and any steps that you should take to protect yourself from potential harm. In the unlikely event that this happens, we will also provide you a contact to ask questions or to learn additional information.

### Right to Paper Copies of This Notice

You have a right to a copy of this notice, which you may ask for at any time. You may obtain a copy of this notice at our website, [www.hospicecommunity.org](http://www.hospicecommunity.org) and [www.hospiceofcentralpa.org](http://www.hospiceofcentralpa.org) or by notifying the Health Information Management Department.

## **CHANGES TO THIS NOTICE**

Choices Healthcare is required by law to maintain the privacy of your health information, to provide you and your representative this Notice, and to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive in the future. We will post a copy of the current notice at our websites, [www.hospicecommunity.org](http://www.hospicecommunity.org) and [www.hospiceofcentralpa.org](http://www.hospiceofcentralpa.org). The notice will contain the most current effective date on the first page.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with our organization at the address noted on this Notice or with the Secretary of the Department of Health and Human Services at 800-692-7462 or with The Joint Commission at 1-800-994-6610. To file a complaint with our organization, contact our Privacy Officer at the address noted. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Choices Healthcare  
685 Good Drive, P.O. Box 4125  
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## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered in this notice, or the laws that apply to our organization, will only be made with your authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke this authorization, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided you.