



HIPAA PRIVACY NOTICE

Heart of Hope Asian American Hospice Care (“HHAHC”, “we”, or “us”) has established policies to guard against unnecessary disclosure of your medical information. This HIPAA Privacy Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that information about you and your health is personal and we are committed to protecting this information. We create a record of the services and care you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This HIPAA Privacy Notice applies to medical information that we collect about you and all of the records of your care generated by us, whether made by our staff, volunteers, or your personal doctor. Your personal doctor may have different policies or notices regarding the use and disclosure of your medical information created in the doctor’s office or clinic, and you should review those policies and notices.

HHAHC is required by law to:

- Ensure medical information that identifies you is kept private (with certain exceptions);
- Give you this HIPAA Privacy Notice of our legal duties and privacy practices with respect to medical information about you;
- Notify you promptly if a breach occurs that may have compromised the privacy and security of your information; and
- Follow the terms of the HIPAA Privacy Notice that is currently in effect.

The following is a summary of the circumstances under which your medical information may be used or disclosed:

1. To Provide Treatment

We use your medical information to coordinate care within our organization and with others involved in your care, such as your attending physician, members of our interdisciplinary team, and other health care professionals who have agreed to assist us in coordinating your care. For example, physicians involved in your treatment will share information about your symptoms in order to prescribe appropriate medications. We also may disclose your medical information to individuals outside of HHAHC who are involved in your care, including family members, pharmacists, suppliers of medical equipment and supplies, or other health care professionals.

2. To Obtain Payment

We will include your medical information in certain invoices to collect payment from third parties, such as health plans, for your services or care. For example, HHAHHC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse HHAHHC. We may also 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. You have the right to request that we not disclose information that pertains to services for which you have paid privately.

3. To conduct healthcare operations

We may use and disclose medical information about you in order to operate HHAHHC and, as necessary, to provide quality care to all of HHAHHC's patients. Healthcare operations include such activities as:

- Quality assessment and improvement activities;
- Procedure development, case management, and care coordination;
- Professional review and performance evaluations;
- Training programs, including those in which students, trainees, or practitioners in health care learn under supervision;
- Accreditation, certification, licensing, or credentialing activities;
- Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs;
- Business management and general administrative activities; and
- Promotional information about HHAHHC's services.

For example, we may use your medical information to evaluate staff performance; combine your health information with other HHAHHC patients' information in evaluating how to more effectively serve all of our patients; disclose your medical information to our staff, contracted personnel, and volunteers for training purposes; or use your medical information to contact you as a reminder regarding a visit or appointment.

4. For Fundraising Activities

We 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 for fundraising purposes for HHAHHC. If you or your family do not want to be contacted for fundraising purposes, please notify HHAHHC's HIPAA Officer and indicate that you do not wish to be contacted.

5. Business Associates

We provide some services through other persons or companies that need access to your medical information to carry out the services described within this HIPAA Privacy Notice. The law

refers to these persons or companies as our Business Associates. Examples of these Business Associates include medical supply companies, medical and health care systems providers, and medical records storage facilities. We may disclose your medical information to our Business Associates so that they can perform the services we have contracted with them to do. We require that they use appropriate safeguards to ensure the privacy of your medical information.

6. Health Oversight Activities and Specialized Government Functions

We may disclose your medical information to an agency that oversees healthcare systems and ensures compliance with the rules of government health programs, such as Medicare or Medicaid, and under certain circumstances to the U.S. Military or U.S. Department of State.

7. Law Enforcement Officials, Medical Examiners and Coroners, and Court or Administrative Orders

We may disclose your medical information to the police, other law enforcement officials, medical examiners and coroners, and to the courts or administrative proceedings as allowed or required by law, or required by a court order or other legal process.

8. Notification and Other Communications with Your Relatives, Close Friends, or Caregivers

You or your legal representative must tell your physician, nurse, or other healthcare team members, including HHAHHC, which of your relatives or other persons may or may not receive medical information about you. After learning who these persons are, we may—using our best judgment—use and disclose your medical information to notify these persons of what they need to know to aid in your care. In an emergency or other situation where you are not able to identify your chosen person to receive communications about you, we may exercise our professional judgment to determine whether such a disclosure is in your best interest, who is the appropriate person, and what medical information is relevant to their involvement with your care.

9. Funeral Directors and Organ, Eye, and Tissue Organizations

We may disclose your medical information to funeral directors as necessary to carry out their duties and as allowed by law. We may also disclose your medical information to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

10. Public Health and Safety Issues

We may report your identity and other medical information to:

- public health authorities for the purpose of controlling disease, injury, or disability;
- the U.S. Food and Drug Administration for regulating certain products or activities, including product recalls;
- governmental authorities about suspected or known child or elder abuse, neglect, or domestic violence;

- a person exposed to a contagious disease or has the risk of contracting or spreading disease;
- your employer and governmental agencies as required by federal and state laws regarding work-related illness or injury;
- to prevent or lessen a serious or imminent threat to a person's or the public's health or safety; or
- to a public or private entity that is authorized to assist in disaster relief efforts.

For more information about these types of permissible disclosures, please visit the U.S. Department of Health & Human Services by clicking [here](#).

11. Other Communications with You

We may contact you to remind you of appointments with physicians or other health care team members and to follow-up on the services you received. We may leave messages about appointments or other reminders on your telephone or with a person who answers the phone. We may also use your medical information to tell you about or recommend possible treatment options or alternative services that may be of interest to you.

YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION

Other than as stated above, HHAHC will not disclose your medical information without your written authorization. You have the following rights regarding your information contained in the medical records that HHAHC keeps about you:

1. Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your medical information. You have the right to request a limit on HHAHC's disclosure of your health information to someone who is involved in your care or the payment of your care, such as HIV/AIDS status or addiction information. To the extent permitted by law, HHAHC is not required to agree to your request. 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. Unless a law requires otherwise, we will honor such a request.

2. Right to Receive Confidential Communications

You have the right to request that HHAHC communicate with you in a certain way. For example, you may ask that we not leave phone messages for you at work. HHAHC will not request that you provide any reasons for your request and will attempt to honor reasonable requests regarding confidential communications. You have a right to be notified following any breach of unsecured Protected Health Information, as defined by law.

3. Right to Inspect and Copy your Medical Information

You have the right to inspect and copy your medical records, including billing records. If you request a copy of your medical information, we may charge a reasonable fee for copying, assembling, and shipping costs associated with your request.

4. Right to Amend Medical Information

You have the right to request that HHAHHC amend your records if you believe that your medical information is incorrect or incomplete. That request may be made as long as the information is maintained by us. A request for an amendment of records must be made in writing to HHAHHC. We may deny the request if it is not in writing or does not include a reason for the amendment. We may also deny the request if your medical information records were not created by HHAHHC; if the records you are requesting are not part of our records; if the health information you wish to amend is not part of the medical information you or your representative are permitted to inspect and copy; or if—in the opinion of HHAHHC—the records containing your medical information are accurate and complete.

5. Right to an Accounting

You have the right to request an accounting of disclosures of your medical information made by HHAHHC for certain reasons, including reasons related to public purposes authorized by law. The request should specify the time period for the accounting. We can provide you an accounting for a period of time for the previous six (6) years from the date of the request. 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).

HHAHHC will 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.

6. Right to a Paper Copy of this HIPAA Privacy Notice

You have a right to a separate paper copy of this HIPAA Privacy Notice at any time, even if you or your representative has received this HIPAA Privacy Notice previously. You or your representative may also review and obtain a copy of the current version of this HIPAA Privacy Notice on our website here: [\[insert link to HIPAA Privacy Notice\]](#).

7. Right to Revoke Consent

You have the right to revoke your written consent/authorization to use or disclose your medical information, except when the disclosure has already happened. We will comply with such request to the extent required by law.

8. Right to Choose Someone to Act on your Behalf

You have the right to choose someone to act on your behalf. 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 medical information. We will reasonably ascertain that the person has this authority and is capable of acting for you before we take any action.

9. *Right to File a Complaint*

You have the right to express complaints to HHAHHC and to the Secretary of the U.S. Department of Health and Human Service if you believe that your privacy rights have been violated. Any complaints to HHAHHC should be made in writing to the HHAHHC HIPAA Officer:

Attn: HIPAA Officer
1879 Lundy Ave, Suite # 223
San Jose, CA 95131
(408) 986-8584
HIPAA@heartofhopehospice.org

You can also file a written complaint to:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue
S.W., Washington, D.C. 20201
(877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

We encourage you to express any concerns you may have regarding the privacy of your medical information. You will not be retaliated against in any way for filing a complaint or for assisting in an investigation by the U.S. Department of Health & Human Services or another appropriate authority.

AMENDMENTS TO THIS HIPAA PRIVACY NOTICE

HHAHHC reserves the right to amend its privacy practices and to use a new HIPAA Privacy Notice for medical information we maintain about you, and such modifications shall be effective immediately upon posting such changes. You are, therefore, responsible for regularly reviewing this HIPAA Privacy Notice.

HHAHHC HIPAA OFFICER

HHAHHC has designated a HIPAA Officer as its contact person for all issues regarding patient privacy and your rights under state and federal privacy standards. If you wish to make a request, file a complaint, or contact HHAHHC for any other reason regarding your medical information, please contact:

Attn: HIPAA Officer
1879 Lundy Ave, Suite # 223
San Jose, CA 95131
(408) 986-8584

HIPAA@heartofhopehospice.org

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