

# Trustbridge Notice of Privacy Practices

*Your Information. Your Rights. Our Responsibilities.*

This notice applies to Trustbridge, Inc. and its subsidiaries Hospice of Palm Beach County, Hospice by the Sea, Hospice of Broward County and Harbor Palliative Care Services, Inc. It describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## YOUR RIGHTS

*When it comes to your health information, under federal law, you have certain rights. This section explains what your rights are and some of our responsibilities to help you.*

<p><b>Get an electronic or paper copy of your medical record</b></p>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To obtain a copy, please contact the Health Information Management department.</li> <li>We will provide a copy of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee for copying, postage, labor and supplies.</li> </ul>
<p><b>Ask us to correct your medical record</b></p>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 30 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>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. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>To request restrictions, you must make your request in writing to the HIPAA Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.</li> </ul> </li> <li>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. <ul style="list-style-type: none"> <li>We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>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. To make this type of request, please submit your request in writing to the HIPAA Privacy Officer.</li> <li>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.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>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. To obtain a copy, please contact the Health Information Management department or HIPAA Privacy Officer.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney, is your health care surrogate, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the HIPAA Privacy Officer contact information listed on page 2.</li> <li>You 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 Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

## YOUR CHOICES

*For certain health information, you can tell us your choices about what we share. If you have a 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.*

<p><b>In these cases, you have both the right and choice to tell us how to:</b></p>	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in your care.</li> <li>Share information in a disaster relief situation.</li> <li>Include your information in a facility directory.</li> <li>Contact you for fundraising efforts.</li> <li>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 may also share your information when needed to lessen a serious and imminent threat to health or safety.</li> </ul>
<p><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>Marketing purposes.</li> <li>Sale of your information.</li> <li>Sensitive information such as: communicable diseases (including HIV and AIDS), psychotherapy notes, and alcohol/drug.</li> </ul>
<p><b>In the case of fundraising</b></p>	<ul style="list-style-type: none"> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>



## 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.**

<b>Treat you</b>	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals who are treating you. <ul style="list-style-type: none"> <li><i>Example: A doctor treating you asks another doctor about your overall health condition.</i></li> </ul> </li> </ul>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>We can use and share your health information in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide, reduce health care costs, practice, and contact you when necessary. <ul style="list-style-type: none"> <li><i>Example: We use health information about you to manage your treatment and services.</i></li> </ul> </li> </ul>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities. <ul style="list-style-type: none"> <li><i>Example: We give information about you to your health insurance plan so it will pay for your services.</i></li> </ul> </li> </ul>

**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 good of the public. We have to abide by the law and meet certain conditions before we can share your information for these purposes.**

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>Preventing disease.</li> <li>Helping with product recalls.</li> <li>Reporting adverse reactions to medications.</li> <li>Reporting suspected abuse, neglect or domestic violence.</li> <li>Preventing or reducing a serious threat to anyone's health or safety.</li> </ul> </li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>We will share information about you if state or federal law requires it, including with the Department of Health and Human Services.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For workers' compensation claims.</li> <li>For law enforcement purposes or with law enforcement officials.</li> <li>With health oversight agencies for activities authorized by law.</li> <li>For special government functions such as military, national security, and presidential protective services.</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal action</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

## 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.

## 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.

## PRIVACY OFFICIAL CONTACT INFORMATION

Amanda Tippin, HIPAA Privacy Officer | 5300 East Ave. | West Palm Beach, FL 33407 | 561.227.5123 | atippin@trustbridge.com

Trustbridge website: [www.trustbridge.com](http://www.trustbridge.com)