

**PENNYROYAL HOSPICE, Inc.**  
**NOTICE OF PRIVACY PRACTICES**

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW.

**Understanding Your Health Information,” or “PHI”:** Protected Health Information” or “PHI” is information that identifies who you are and relates to your physical or mental health condition and the provision and payment of health care to you.

**Purpose of this Notice:** We gather and maintain PHI about our clients. We respect the importance of keeping PHI information confidential and secure. We are obligated to maintain the privacy of your PHI by implementing appropriate safeguards and to explain to you by this Notice about our legal obligations to maintain the privacy of your PHI. We must follow this Notice.

**How We Protect Your PHI:** We allow access to PHI to employees only in order to provide services. We maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized disclosure. We have a training program for our employees that is updated annually. We also have a Privacy Officer with responsibility for training and overseeing the enforcement of policies and procedures to safeguard your PHI against inappropriate access and use.

**Types of Use and Disclosure of PHI We May Make Without Your Authorization:**

Federal and State law allows us to use and disclose your PHI in order to provide health care services to you, as well as to bill and collect payments for the services provided. We may use your PHI to authorize referrals to physicians and to review the quality of care provided. We may disclose your PHI to responsible parties to receive payment for the services provided. Federal and state law also allows us to use and disclose your PHI in connection with our health care operations. We may use your PHI for resolution of any grievance or appeal that you may file. Any entity to whom we disclose your PHI must agree to safeguard your PHI as required by law. We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

- When required by law or for law enforcement purposes
- Reports about child and other types of abuse or neglect, or domestic violence
- For health oversight activities
- For lawsuits and other legal disputes
- Reports to coroners, medical examiners, or funeral directors
- For tissue or organ donations or research
- To avert a serious threat to the health or safety of the public
- For national security and intelligence/military activities
- To your family members or other persons if they are involved in your care or payment for that care.

**Authorizations:** All other uses and disclosures of your PHI must be made with your written authorization. If you need an authorization form, we will provide one for you or your personal representative to complete. You may revoke or modify your authorization at any time by writing to us. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

**Access to Your PHI:** You have the right to review and copy your PHI. If you wish to access your PHI, please write to us. We will tell you when and where you can review your PHI in our possession within our normal business hours. If we deny your request for review or copy of your PHI, we will explain the reason in writing.

**Right to Amend Your PHI:** You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write to us. We will either accept or deny your request. If we deny your request, we will explain why. Your amended PHI will be available for your review upon request.

**Right to Receive an Accounting of Disclosures of Your PHI:** You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting we provide to you.

**Right to Receive a Copy of This Notice** You have the right to request and receive a copy of this Notice.

**Right to Request Restrictions:** You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. We will notify you whether we have accepted or denied your request. We are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. Additional restrictions may be harmful to your care.

**Right to Confidential Communications:** You have the right to request that we provide your PHI to you in a confidential manner. We will accommodate reasonable requests.

**Right to Complain:** We must follow the privacy practices set forth in this Notice while in effect. If you have any questions or complaints please notify us.

**Rights Reserved:** We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at any time.

**Contact us:** If you have any questions about this Notice, wish to exercise your rights, or file a complaint; please direct your inquiries to: Pennyroyal Hospice, Inc.  
Attention: Privacy Officer  
220 Burley Avenue  
Hopkinsville, KY 42240

You may contact your Health Plan or the Secretary of the United States Department of Health and Human Service. We will not retaliate against you for filing a complaint against us.

**Effective Date**            **The effective date of this Notice is August 15, 2007.**