

NOTICE OF PRIVACY PRACTICES

Hospice of Santa Barbara, Inc. (HSB)-a volunteer hospice organization, is not a covered entity under the Health Insurance Portability and Accountability Act (HIPAA). However, HSB does have a legal and ethical obligation to maintain a standard of confidentiality and respect for a person's Protected Health Information (PHI). HSB policies and procedures meet the legal and ethical standards for mental health practice and volunteer hospice work.

This Notice of Privacy Practices describes how your Protected Health Information may be used and disclosed and how you can get access to this information. Please review it carefully.

- I. **Hospice of Santa Barbara, Inc. (HSB) – a volunteer hospice organization has a legal duty to safeguard your Protected Health Information (PHI).** The staff and volunteers of HSB are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that HSB staff or volunteers created or received about your past, present, or future health or mental health condition or during the provision of counseling or volunteer services to you. HSB must provide you with this Notice about our privacy practices, and such Notice must explain how, when and why HSB will “use” and “disclose” your PHI. A “use” of PHI occurs when HSB staff or volunteers share, examine, utilize, apply, or analyze such information within the organization; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside the organization. With some exceptions, HSB staff and volunteers may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made.

HSB reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI on file with HSB already. Before HSB makes any important changes to our policies, HSB will promptly change this Notice and post a new copy of it in our office and on the HSB website. You can also request a copy of the Notice from HSB staff and volunteers, or you can view a copy of it in the HSB office or at the HSB website, which is located at www.hospiceofsantabarbara.org.

- II. **How HSB may use and disclose your PHI.**

HSB will use and disclose your PHI for many different reasons. For some of these uses or disclosures, HSB will need your prior authorization; for others, however, HSB does not. Listed below are the different categories of HSB uses and disclosures along with some examples of each category.

- A. **Uses and Disclosures Relating to Treatment or Health Care Operations That Do Not Require Your Prior Written Consent.** HSB staff and volunteers can use and disclose your PHI without your consent for the following reasons:

- i. **For treatment.** HSB staff and volunteers can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care/mental health providers who provide you with health/mental health services or are involved in your care. For example, if a psychiatrist or a physician is treating you, HSB can disclose your PHI to your psychiatrist or physician in order to coordinate your care.
 - ii. **For HSB operations.** HSB can disclose your PHI to operate the organization. For example, HSB might use your PHI to evaluate the quality of hospice services that you received or to evaluate the performance of the HSB staff or volunteers who provided such services to you. HSB may also provide your PHI to our attorneys, consultants, Medical Advisor and others to make sure HSB is complying with applicable laws.

- iii. **For fundraising activities.** HSB may use information about you including mailing address, home address, phone number and dates you received care in order to contact you or your family to raise money for HSB. HSB may also release this information to the Santa Barbara Hospice Foundation. If you do not want HSB to contact you or your family, notify the Executive Director, Hospice of Santa Barbara, Inc., 2050 Alameda Padre Serra, Suite 100, Santa Barbara, California 93103, (805) 563-8820, and indicate that you do not wish to be contacted. HSB does not sell its mailing list or disclose its mailing list to entities outside the HSB organization.
 - iv. **Other disclosures.** HSB may also disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as HSB tries to get your consent after treatment is rendered, or if HSB tries to get your consent but you are unable to communicate with HSB staff or volunteers (for example, if you are unconscious or in severe pain) and HSB thinks that you would consent to such treatment if you were able to do so.
 - v. **When federal, state or local law; judicial or administrative proceedings, or law enforcement requires disclosure.** For example, HSB may make a disclosure to applicable officials when a law requires HSB to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
 - vi. **For public health activities.** For example, HSB may have to report information about you to the county coroner.
 - vii. **For agency oversight activities.** For example, HSB may have to provide information to assist the government when it conducts an investigation or inspection of a health care/mental health provider or organization.
 - viii. **For research purposes.** In certain circumstances, HSB may provide PHI in order to conduct medical and/or mental health research.
 - ix. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, HSB may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 - x. **For specific government function.** HSB may disclose PHI of military personnel and veterans in certain situations. And HSB may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
 - xi. **For workers' compensation purposes.** HSB may provide PHI in order to comply with workers' compensation laws.
 - xii. **Appointment reminders and health related benefits or services.** HSB may use PHI to provide appointment reminders, or give you information about treatment alternatives, or other services or benefits HSB offers.
- B. Disclosures to family, friends, or others.** HSB may provide your PHI to a family member, friend, or other person that you indicate is involved in your care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- C. Access to Psychotherapy Notes.** While you may view and submit corrections to your PHI, **psychotherapy notes are excluded from this mandated access unless the record is involved in litigation.**
- D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Section III, A,B,C above, HSB will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization

to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. You have the following rights with respect to your PHI:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that HSB limit how HSB uses and discloses your PHI. HSB will consider your request, but HSB is not legally required to accept it. If HSB accepts your request, HSB will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that HSB is legally required or allowed to make.
- B. The Right to Receive Confidential Communications.** You have the right to ask that HSB send information to you at an alternate address (for example, sending information to your work address rather than your home address). You may ask that HSB staff and volunteers only conduct communications pertaining to your health information with you privately, with no other family member, friend or person present. HSB must agree to your request so long as HSB can easily provide the PHI to you in the format you requested.
- C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that HSB has, but you must make the request in writing. If HSB does not have your PHI, but HSB knows who does, then HSB will tell you how to get it. HSB will respond to you within 30 days of receiving your written request. In certain situations, HSB may deny your request. If HSB does, HSB will tell you, in writing, the reasons for the denial and explain your right to have the HSB denial reviewed. If you request copies of your PHI, HSB will not charge you for these copies. Instead of providing the PHI you requested, HSB may provide you with a summary of explanation of the PHI as long as you agree to that.
- D. The Right to Amend Your PHI.** If you or your representative believes that your health information records are incorrect or incomplete, you may request that HSB amend your records. That request may be made as long as the information is maintained by HSB. A request for an amendment of records must be made in writing to: Executive Director, Hospice of Santa Barbara, Inc., 2050 Alameda Padre Serra, Suite 100, Street, Santa Barbara, California, 93103. HSB may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by HSB, if the records that you are requesting are not part of the HSB records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of HSB, the records containing your health information are accurate and complete.
- E. The Right to Get a List of the Disclosures HSB Has Made.** You have the right to get a list of instances in which HSB has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, or hospice operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before June 1, 2004. HSB will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list HSB will give you will include the date of the disclosures, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. HSB will provide the list to you at no charge.

- F. Questions, Concerns, Complaints.** If you have concerns or questions regarding this Notice of Privacy Practices, please contact: Executive Director
Hospice of Santa Barbara, Inc.
2050 Alameda Padre Serra Suite 100
Santa Barbara, CA 93103
Telephone: (805) 563-8820
Email: info@hospiceofsantabarbara.org
Fax: (805) 563-8821
Web site: www.hospiceofsantabarbara.org

If you are not satisfied with the manner in which HSB handles your concern, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be penalized for filing a complaint.

Reviewed: 5/04. gmr
Updated: _____



Welcome to Hospice of Santa Barbara, Inc.

GRIEVANCE POLICY

The mission of Hospice of Santa Barbara, Inc. is to provide free counseling and volunteer services to terminally ill adults and children, as well as bereavement counseling to their families. To insure quality services are delivered in a fair and unbiased fashion and that our client's rights are protected, the following grievance policy has been developed to fulfill these goals.

If possible, try resolving the matter with your counselor or volunteer. They can be reached at 805-563-8820.

If this is not satisfactory please notify, by telephone or in writing, the Director of Counseling Services; or if appropriate, the Director of Volunteer Services at Hospice of Santa Barbara, Inc., at 805-563-8820.

If you find no resolution, please notify the Executive Director of Hospice of Santa Barbara, Inc. at 805-563-8820.

Hospice of Santa Barbara, Inc. is a volunteer hospice and is not subject to state licensing or state department regulations. Complaints against the organization may also be directed to the local District Attorney and the Public Inquiry Division of the State Attorney General. Complaints against licensed personnel employed by Hospice of Santa Barbara, Inc. may be directed to the Licensing Board of the Department of Consumer Affairs. Addresses and phone numbers of these offices are available at the hospice office, 2050 Alameda Padre Serra, Suite 100 Santa Barbara, CA 93103-1704.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please contact the Executive Director (805) 563-8820 with any questions regarding the Hospice of Santa Barbara, Inc. Notice of Privacy Practices provided to you.

I hereby acknowledge that I received a copy of the Hospice of Santa Barbara, Inc. Notice of Privacy Practices.

I further acknowledge that a copy of the current notice is posted in the reception area and available on the Hospice of Santa Barbara, Inc. web site; www.hospiceofsantabarbara.org.

I know that I can obtain a copy of any amended Notice of Privacy Practices at Hospice of Santa Barbara, Inc. 2050 Alameda Padre Serra Suite 100, Santa Barbara, CA. 93103.

CANCELLATION POLICY AND PLAN OF CARE REVIEW

At your initial meeting with you counselor or practitioner, you will work together to develop a Plan of Care to identify your treatment goals. Your Plan of Care will be assessed again to monitor progress in fulfilling your treatment goals after your third visit or three months, whichever occurs first. It will re-evaluated again at six, nine and twelve months.

It is our policy to provide each patient and client with professional service in a timely manner. Therefore, we provide a reserved time slot for each patient or client with a therapist to minimize waiting and assure continuity of care. 24 hour notice is required for all cancellations.

Please note that three cancellations or no shows may result in your discharge from HSB services.

We appreciate the opportunity to serve you. Thank you for your consideration to our staff and other clients.