

## HIPAA Notification of Privacy Practices

Hospice Name: ALLEGIANCE HOSPICE

Hospice Phone: 713-492-0329

Hospice Address: 1560 LIVE OAK ST STE B WEBSTER TX 77598

Hospice Website: ALLEGIANCEHOSPICE.COM

Privacy Officer Name: RANJISH PILLAI

Privacy Officer Phone: 713-492-0329 - EXT 104

Privacy Officer Email: INFO@ALLEGIANCEHOSPICE.COM

This notice 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, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Request to receive an electronic or paper copy of your medical record:**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy, or a summary, of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Request to correct your medical record:**

You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we will tell you why in writing within 60 days.

### **Request confidential communications:**

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.

We will comply with all reasonable requests.

### **Request to limit the use or sharing of information:**

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to the request, and we may say deny the request if it would affect your care.

If you pay for a service or healthcare 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.

We will comply with the request unless a law requires us to share that information.

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### **Request to receive a list with whom information has been shared:**

You may request a list (an accounting) of the times we have shared your health information for six years prior to the date requested, whom it was shared with, and for what reasons.

We will include all the disclosures except for those about treatment, payment, healthcare operations, and certain other disclosures, such as, any you asked us to make. We will provide one accounting per year free of charge, but will charge a reasonable, cost-based fee if an additional list is requested within the same twelve months.

### **Request to receive a copy of this privacy notice:**

You may request 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.

### **Select 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 health information.

We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated:**

You may file a complaint if you feel we have violated your rights, by contacting us using the information listed on the first page.

You may file a complaint with the Texas Health and Human Service Commission by phone, email, fax and letter:

Complaint hotline: 1-800-458-9858 (Open 7 a.m. to 7 p.m. Monday through Friday)

E-mail: [crscomplaints@hhscdads.state.tx.us](mailto:crscomplaints@hhscdads.state.tx.us)

Fax: (512) 438-2724 or (512) 438-2722

Mail: HHSC- Consumer Rights and Services-Complaint Intake, Mail Code E249, P.O. Box 149030, Austin, Tx 78714-9030

Or online with the Office of the Texas Attorney General online at: <https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint>.

We will not retaliate against you for filing a complaint.

**Your choices:** For certain health information, you can inform us of your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

Note: If you are not able to tell us your preference, for example if you are unconscious, we may 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.

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**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

We may contact you for fundraising efforts, but you may opt to have us not contact you again.

**Our uses and disclosures:**

We typically use or share your health information in the following ways:

- To treat you:

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- To run our organization:

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

- To bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

**Other ways 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 public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.texasattorneygeneral.gov/consumer-protection/health-care/patient-privacy>

**Helping with public health and safety issues:**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

**Research:**

We can use or share your information for health research.

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### **Compliance with the law:**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.

### **In response to organ and tissue donation requests:**

We can share health information about you with organ procurement organizations.

### **Working with a medical examiner or funeral director:**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Addressing workers' compensation, law enforcement, and other government requests:**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

### **In response to lawsuits and legal actions:**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **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 request otherwise in writing. You have the right to change your decision at any time and must let us know in writing of these changes.

For more information see: <https://www.hhs.texas.gov/regulations/legal-information/hipaa-privacy-laws/privacy-faq>

### **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.

Effective Date of Notice: May 1, 2023