

NOTICE OF PRIVACY PRACTICES

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Capital Caring (“Hospice”) may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations.

The Hospice has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment: Capital Caring may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals outside of Capital Caring involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment: Capital Caring may include your health information in invoices to collect payment from third parties for the care you receive from Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice. The Hospice also may 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.

To Conduct Health Care Operations: Capital Caring may use and disclose health information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the Hospice’s patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Hospice.
- Fundraising for the benefit of the Hospice.

For example, Capital Caring may use your health information to evaluate its staff performance, combine your health information with other hospice patients in evaluating how to more effectively serve all hospice patients,

disclose your health information to hospice staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

Capital Caring may disclose certain information about you including your name, your general health status, your religious affiliation and listing you within a hospice directory while you are in the Capital Caring Inpatient Center. The Hospice may disclose this information to people who ask for you by name. *Please inform us if you do not want your information to be included in the directory.*

For Fundraising Activities: Capital Caring and its supporting Foundation 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 to raise money for the Hospice. The Hospice may also release this information to a related hospice foundation. *If you do not want Capital Caring to contact you or your family, notify the Department of Philanthropy office at 703-538-2066, or write to: Capital Caring, Philanthropy Department, 3180 Fairview Park Drive, Falls Church, VA 22042, and indicate that you do not wish to be contacted.*

For Appointment Reminders: Capital Caring may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives: Capital Caring may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

When Legally Required: Capital Caring will disclose your health information when it is required to do so by any federal, state or local law.

When There Are Risks to Public Health: Capital Caring may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Violence: Capital Caring is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. The Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities: Capital Caring may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Hospice, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings: Capital Caring may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Hospice makes reasonable efforts either to notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes: As permitted or required by state law, Capital Caring may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice.
- In an emergency in order to report a crime.
- To monitor your compliance with a condition of pretrial release, probation, parole, supervised release, or diversion agreement regarding mental health treatment.

To Coroners and Medical Examiners: Capital Caring may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors: Capital Caring may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Hospice may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation: Capital Caring may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes: Capital Caring may, under very select circumstances, use your health information for research. Before the Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process, including obtaining consent for inclusion in a study.

In the Event of a Serious Threat to Health or Safety: Capital Caring may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions: In certain circumstances, the federal regulations authorize Capital Caring to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation: Capital Caring may release your health information for worker's compensation or similar programs.

Chesapeake Regional Information System for our Patients (CRISP): We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than what is stated above, Capital Caring will not disclose your health information without your written authorization. If you or your representative authorizes the Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Capital Caring maintains:

- **Right to request restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Hospice's disclosure of your health information to someone who is involved in your care or the payment for your care. However, the Hospice is not required to agree to your request. We are not required to agree to your request if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. To request a restriction, you

must make your request in writing to the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA 22042. In your request, you must tell the Hospice what information you want to limit and to whom you want the limits to apply.

- **Right to receive confidential communications:** You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA 22042. The Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information:** You have the right to inspect and copy your health information, including health and billing records. This does not include psychotherapy notes. A request to inspect and copy records containing your health information may be made in writing to the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA 22042. If you request a copy of your health information, the Hospice may charge a reasonable fee for costs associated with copying and assembling your request. We may deny your request to inspect and copy your health information in certain, very limited, circumstances. If you are denied access to health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
- **Right to amend health care information:** You or your representative have the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. The request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA 22042. The Hospice 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 the Hospice, if the records you are requesting are not part of the Hospice's 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 the Hospice, the records containing your health information are accurate and complete.
- **Right to an accounting:** You or your representative have the right to request an accounting of disclosures of your health information made by the Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA, 22042. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Hospice would 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.
- **Right to a paper copy of this notice:** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Referral Department at 703-531-1114. You may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at our website, www.capitalcaring.org.
- **CRISP:** We participate in the CRISP health information exchange (HIE) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at www.crisphealth.org.
- **Mental Health Information Disclosure Amendment Act of 2018 – DC Residents:** permits the disclosure of mental health information by a third-party payor to a health care provider in certain enumerated instances, to require a health care provider to notify clients whether a third-party payor's privacy practices permit the disclosure of mental health information, and to allow clients to prevent the disclosure of mental health information by a third party payor upon request.

DUTIES CAPITAL CARING

Capital Caring is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Hospice is required to abide by the terms of this Notice as may be amended from time to time. The Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Hospice and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA, 22042. Capital Caring encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Capital Caring has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at the Privacy Officer, Capital Caring Health, 3180 Fairview Park Drive, Falls Church, VA, 22042, telephone number 703-712-4874.

EFFECTIVE DATE: This Notice is effective November 19, 2020.