

Patient and Family Rights & Responsibilities

Your Basic Rights

- To receive quality care regardless of race, religion, color, national origin, sex, age, physical or mental disabilities, marital status, sexual preference, source of payment or ability to pay.
- To be given safe, considerate care that is ethical, in your best interest, and respectful of your life values and religious preference, and offers dignity and individuality.
- To be provided information about the rules and regulations of our organization and inpatient facility that apply to you.
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source.
- Be advised of the availability of the toll free Home Health Agency Hotline in Colorado (800) 842-8826 to register complaints or ask questions regarding home health care services.
- For Medicare/Medicaid Beneficiaries: If you have a complaint for care you receive, you may place your complaint in writing and send it to:

KEPRO

5700 Lombardo Center Drive, Ste. 100
Seven Hills, OH 44131
(844) 430-9524

Your Medical and Physical Care

You shall have the right to:

- Know the name and qualifications of your physician and others who care for you.
- Receive care by professional staff and volunteers adequately prepared for the level of service they provide.
- Choose your attending physician.
- Receive effective pain management and symptom control.
- Receive information about your illness including diagnosis, prognosis and your treatment in terms you can understand, enabling you to participate in developing the plan of care and give informed consent for all treatments and procedures.

- Actively participate in decisions involving your health care, including the refusal of any service or treatment offered or withdrawal from the HopeWest program.
- Present any complaints you may have without fear of reprisal.
- Sign an advance directive such as a living will.
- Know before your discharge or transfer about the continuing health care that you may require.

Privacy and Confidentiality

You have the right to:

- Privacy in treatment and in caring for all personal needs, to the extent possible.
- Privacy with family, visitors and phone calls.
- Information about proposed experimental procedures or research included as part of care, and the right to refuse to participate in the experiment or research without jeopardizing your continuing care.
- Have all property treated with respect.
- Information about the uses and disclosures of your health information as outlined in HopeWest's Notice of Privacy Practices and your rights with regard to your health information.

Financial Issues

You have the right to:

- Be informed orally and in writing prior to receiving HopeWest care of all items, services and scope of services furnished by HopeWest or by arrangement for which payment shall be made, and any charges that the individual may have to pay, and any changes in these charges.
- Receive an explanation of any bill, regardless of the source of payment.
- Receive, upon request, information relating to financial assistance available through HopeWest.

Patient & Family Responsibilities

The patient and family have these responsibilities:

- Provide complete and accurate medical history to the best of your knowledge.
- Participate in decisions involving your care.
- Make it known whether your proposed plan of care is understood and things expected of you are understood.
- Follow the mutually developed plan of care.

- Provide information about complications or symptoms in a timely manner.
- Be considerate of the rights and property of HopeWest staff and volunteers.
- Provide information to your HopeWest team regarding any treatment plans that change during the course of care.
- Provide accurate and timely information about sources of payment and ability to meet financial obligations.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospice directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

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.

Get 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.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll 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 say “yes” to all reasonable requests.

Ask us to limit what we use or share

- 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 your request, and we may say “no” if it would affect your care.
- 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. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- 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.
- 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.

Get a copy of this privacy notice

- 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.

Choose someone to act for you

- 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 can complain if you feel we have violated your rights by contacting the HopeWest Privacy Officer using the information on page 44.
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

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

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 hospice directory
- 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.

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 can tell us not to contact you again.

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:

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.

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.

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.

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 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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Students

Students/interns in health service related programs work with us from time to time to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use your health information to assist in their training. If you do not

want a student or intern to observe or participate in your care, please let us know.

Help 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

Do research

We can use or share your information for health research.

Comply 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're complying with federal privacy law.

Respond to organ and tissue donation requests

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

Work with a medical examiner or funeral director

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

Address 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

Respond 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.

Hospice Directory

If you are receiving care in a HopeWest inpatient facility, HopeWest may disclose certain information about you in a directory, including your name, your general health status, and your room number while you are in the facility. HopeWest may disclose this information to people who ask for you by name. Please inform us if you do not want your information included in the directory.

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.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

If you have any questions regarding this Notice, please contact the HopeWest Privacy Officer. HopeWest's contact for all issues regarding patient privacy and your rights under the Federal privacy standards is:

HopeWest
Attn: Privacy Officer
3090 North 12th Street, Unit B
Grand Junction, Colorado 81506
(970) 241-2212

Notice of Privacy Practices Effective Date

Original Notice is effective April 14, 2003

Revised Notice is effective October 1, 2014