



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SOLAMOR AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect the privacy and confidentiality of your personal health information. This Notice describes our legal duties and privacy practices. This Notice applies to uses and disclosures we may make of all health information whether created or received by us.

I. Uses and Disclosures of Health Information

The following categories describe the ways that we use and disclose health information. For each category, we give examples. Although these examples do not include every use or disclosure possible within the category, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- a. Treatment:** SolAmor Hospice may use your health information to coordinate your care within the Hospice and with others involved in your care, such as the attending physician, members of SolAmor 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. SolAmor Hospice also may disclose your health care information to individuals outside of Hospice involved in your care including family members, your personal representative, your religious affiliation/clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.
- b. Payment:** We may use and disclose your health information as necessary to obtain payment for services and supplies you receive. For example, we may confirm your eligibility for Medicare or Medicaid and provide supplemental insurers, with information regarding your health care status so that the insurer will reimburse you or Hospice. SolAmor 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.
- c. Business Administration (Healthcare Operations):** We may use and disclose your health information for our health care operations. This is necessary to ensure that all of our clients receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We also may review internally medical information about many clients to decide how to more effectively serve all Hospice patients. We also may disclose

information to doctors, nurses, and other personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning your identity.

II. Other Permitted Uses and Disclosures of Health Information

According to Federal Privacy Regulations, we may make the following uses and disclosures of your health information without obtaining written authorization from you:

- a. **Persons Involved in Your Care or Payment for Your Care:** We can disclose your health information to your legally appointed personal representative just as we can disclose to you. If you do not object, we also may disclose to a family member, other relative, close personal friend, or any other person you identify, health information directly relevant to that person's involvement with your health care or payment related to your health care. In addition, we may disclose health information about you to an organization helping with disaster relief efforts so that your family can be notified about your condition, status and location.
- b. **Appointments:** We may use or disclose health information to make or confirm an appointment for medical care or services.
- c. **Health Related Services and Benefits:** We may use or disclose health information to inform you about health related benefits and services that we believe may be of interest to you.
- d. **Reporting Victims of Abuse, Neglect, Domestic Violence or Exploitation:** We must disclose your health information to notify a protective services agency or government authority as required by law if we reasonably believe that you have been a victim of abuse, neglect, domestic violence or exploitation.
- e. **To Avert a Serious Threat to Health or Safety:** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.
- f. **Public Health Activities:** We may disclose your health information for public health activities such as to help prevent or control disease, injury or disability, to report problems with medications or products or to advise of recalls of products.
- g. **As Required by Law:** We may disclose your health information when required by law to do so.
- h. **Judicial and Administrative Proceedings:** We may disclose your health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request or other lawful process that meets the requirements of Federal Privacy Regulations.
- i. **Law Enforcement:** We may disclose your health information for certain law enforcement purposes. For example, we may disclose information to report:
 - Certain types of wounds or other physical injuries pursuant to a court order, warrant, subpoena or summons or similar process.
 - For the purposes of identifying or locating a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances, when a patient is a 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.
- j. Business Associates:** We may disclose your health information to our “business associates” who provide contracted services (for example, accounting, legal services, or consulting). If we disclose health information to a business associate, we will do so only if the business associate has agreed to keep your information confidential by signing a written contract.
- k. Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. For example, state or federal agencies conduct audits and inspections to assure that we and our business associates comply with all laws and regulations.
- l. Coroners, Funeral Directors and Others:** We may release your health information, upon your death, to a coroner, medical examiner or funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- m. National Security:** We may disclose health information to authorized federal officials as required for lawful national security activities.
- n. Active Members of the Military and Veterans:** Your health information may be used or disclosed in order to comply with laws related to military service or veterans’ affairs.
- o. Treatment and Health-Related Benefits Information:** We or our business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you.

III. Authorization

- a. Your written authorization (Authorization) is required for uses and disclosures not described in the categories listed above.
- b. The Authorization will describe the particular health information to be used or disclosed, the name of the person or entity receiving the information, the purpose of the use or disclosure and a date or event when the authorization will expire.
- c. You may revoke an Authorization previously given by you at any time, but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified except where we have already taken actions in reliance on your Authorization.

IV. Your Rights Regarding Your Health Information

- a. **Right to Request Restrictions:** You may ask us to limit the way we use or disclose your health information as described in this Notice, although we are not required to agree to what you ask except where this Notice makes your permission required. You must submit your request in writing to the address listed at the end of this Notice. If we do agree to a restriction, we will honor that restriction except in the event of an emergency.

- b. Right to Request Communication in a Special or Alternate Manner:** You may ask us to contact you in a special way. For example, you may ask that we contact you only by mail to a post office box. We will accommodate reasonable requests. You must make your request in writing to the address given in the attachment to this Notice.
- c. Right of Access to Personal Health Information:** You have the right to look at or get copies of your health information. You must submit your request in writing to the address listed in the attachment to this Notice. We will notify you of any costs involved for copying, mailing or other services associated with your request and you may choose to modify or withdraw your request before any costs are incurred. We may deny your request to inspect or receive copies only in certain limited circumstances. If you are denied access to health information, in some cases, you will have a right to request a review of the denial.
- d. Right to Request Amendment:** If you feel that the health information we have about you is incorrect or incomplete, you may request that we amend your health information. Your request must be in writing and must state the reason you believe the information is incorrect and are seeking an amendment or we may deny it. We may also deny your request for amendment in certain other circumstances. If we deny your request for an amendment, we will give you a written denial notice, explaining the reasons for the denial. You have the right to submit a written statement disagreeing with the denial and that statement will be attached to your clinical record.
- e. Right to an Accounting of Disclosures:** We will keep an accounting of persons or organizations we give your health information to if you did not ask us to share it, or if we shared it for reasons other than treatment, payment or business administration (healthcare operations), national security or to law enforcement personnel. You may get a copy of the list for six (6) years back from the date of your request (however, the list was not required to be kept before April 14, 2003). You must submit your request in writing to the address provided by SolAmor Hospice. If more than one accounting is requested in a 12 month period, we will notify you of the costs for copying, mailing or other services associated with your request. You may choose to modify or withdraw your request before any costs are incurred.
- f. Paper Copy of This Notice:** You may request a copy of this Notice at any time. You may also obtain a copy of this Notice at our website (www.SolAmor.com).

V. Special Restrictions under State Law

Some states have laws that provide you with more protection than the HIPAA Privacy Regulations. If this is true in your state, we will follow the law that provides you with the most protection.

VI. Our Responsibilities

We are required by law to protect the privacy of your health information and to give you this Notice of our privacy practices, our duties and your rights concerning your health information. We must comply with the terms of our Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time as permitted by applicable law. The new provisions will be effective for all health information we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the revised Notice available upon request. The Notice will also be posted on our website (www.SolAmor.com).

VII. Questions and Complaints

If you have any complaints about the handling of your health information or would like further information about this Notice, please contact the Sun Healthcare Group Privacy Officer at 1-800-761-1226 or send a written complaint to 101 Sun Avenue, Albuquerque, New Mexico 87109, Attention: Privacy Officer. You also may submit a written complaint to the Office of Civil Rights at the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., HHH Building, Room 509F, Washington, DC 20201. We will not retaliate in any way if you file a complaint.

If you have any questions about our privacy practices or have any written requests (other than complaints), please contact the person named in the attachment to this Notice.

Effective date of this notice: September 18, 2007