

TRI CITY HOSPICE INC.

13096 Borden Ave Sylmar, CA 91342
Phone: (818) 433-4524 * Fax: (818) 452-5011
[E-mail: tricityhospiceinc@gmail.com](mailto:tricityhospiceinc@gmail.com)

HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This Notice of Privacy Practices describes how we use this disclosure to protect your personal health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographics information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health services.

•••• Uses and Disclosures of Protected Health Information:

Your protected health information may be used and disclosed by your physician our offices staff and other outside of our offices that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

❖ Treatment:

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

• Payment:

Your protected health information will be used, as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospice admission.

❖ Health Operations:

We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practices. These activities included, but are not limited to, quality assessment, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate you physician. We may also call you by name in the waiting room when physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without you authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration Requirements; Legal Proceeding; Law Enforcement; Coroners; Funeral Directors; and Organ Donation; Research; Criminal Activity; Military Activity; and National Security; Workers Compensation Inmate. Required Uses and Disclosures: under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Our Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunities to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician's or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.