



## COASTAL HOSPICE PRIVACY NOTICE (HIPAA)

***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.***

### **PLEASE REVIEW THIS NOTICE CAREFULLY AS IT DESCRIBES:**

- How health information about you may be used and shared.
- Your rights with respect to your health information.
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

You have the right to a copy of this Notice (in paper or electronic form) and to discuss it with the Compliance Officer, at 410-742-8732 [scottingham@coastalhospice.org](mailto:scottingham@coastalhospice.org) if you have any questions.

### **INTENT OF NOTICE**

This Notice describes the privacy practices of Coastal Hospice. It applies to the health services you receive at Coastal Hospice. Coastal Hospice will be referred to herein as “we” or “us.” We will share your health information among ourselves to carry out our treatment, payment, and healthcare operations.

### **OUR PRIVACY OBLIGATIONS**

We are required by law to maintain the privacy of your health information and provide you with our Notice of Privacy Practices (“Notice”) of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We may update our privacy practices and the terms of our Notice from time to time. If we make changes, we will provide you with a revised Notice and post it in our office. The new Notice will apply to all health information we maintain, including information created or received before the date of the revision.

If there is a breach of your unsecured health information, we are required to notify you promptly. This means if your health information is accessed, used, or shared in a way that is not permitted by HIPAA and poses a risk to your privacy, we will inform you about what happened and what steps you can take to protect yourself.

We take our legal responsibilities seriously and are dedicated to ensuring your health information is handled with the utmost care and respect. If you have questions or concerns about your privacy rights, please feel free to contact us. We are here to help.

### **FEDERAL AND STATE LAW NOTICE**

We follow both federal and state laws to protect your health information. Federal law requires us to explain how we use and share your health information. Sometimes, state laws give you more privacy protections or greater access to your health information than federal law. When that happens, we follow the state law.

We also follow a special federal law called 42 CFR Part 2, which protects records related to substance use treatment. If this law allows us to share your information, but state law is stricter, we follow the stricter law. But if 42 CFR Part 2 says we cannot share your information, then no law can override that, we must follow the federal rule.

### **HOW WE MAY USE OR SHARE YOUR HEALTH INFORMATION**

We are permitted by law to use or share your health information for the following purposes without your written permission:



**Treatment.** We may use your health information to provide you with medical treatment or services. We may share your health information with others who are involved in taking care of you. We may share your health information with another healthcare provider to deliver, coordinate, or manage your healthcare.

**Payment.** We may use or share your health information to obtain payment for services provided for you. For example, we may share information with your health insurance company or another payer to obtain pre-authorization for payment for treatment.

**Healthcare Operations.** We may use or share your information for certain activities that are necessary to operate our practice and ensure that you receive quality care. For example, we may use the information to train or review the performance of our staff to make decisions affecting our organization.

**Business Associates.** Sometimes, we hire companies or people to help us with certain services, like audits, legal advice, or collecting health data. These partners may need access to your health information to do their jobs. When we share your information with them, they must follow strict rules to keep it private and protect it, just like we do.

**Health Information Exchange.** We may share your health information electronically with other doctors, hospitals, and healthcare providers in your area or in other places you may travel. This is usually done through a system called a Health Information Exchange, or HIE. HIEs help your care team work together, especially when more than one doctor is involved. They also help avoid repeated tests, which can save you time and money, and improve the quality of care you receive. You can choose not to have your information shared through the HIE at any time. You can do this when you register or by contacting Chesapeake Regional Information System (CRISP) at 1.877.952.7477 or <https://connect.crisphealth.org/OptoutForm>. If you opt out, your providers will still be able to get your records, but they may need to use other methods like fax or mail, as allowed by law.

**OTHER TIMES WE MAY USE OR SHARE YOUR HEALTH INFORMATION.** We may use or share your health information without your permission in certain situations allowed by law, including:

- To protect you or others if there is a serious threat to health or safety.
- When required by law, such as reporting abuse, neglect, or other events.
- For workers' compensation claims, as allowed by those laws.
- For public health reasons, like reporting diseases, injuries, births, deaths, or during public health investigations.
- For oversight activities, such as audits, inspections, or licensing of healthcare providers.
- When required by a court, such as through a court order, warrant, or subpoena.
- For government functions, such as military or correctional facility needs.
- For research, if certain privacy protections are in place.
- To help law enforcement, for example, to locate a missing person or report certain crimes.
- To support end-of-life services, such as sharing information with coroners, medical examiners, funeral directors, or organ donation organizations.

**Sharing Outside Our Organization.** Once we share your health information with someone outside our organization, they might not have to follow the same privacy rules we do. For example, if we share your information with a company that is not covered by HIPAA, like a marketing company, they may use or share your information in ways that are not protected by HIPAA. We encourage you to be careful when sharing your health information with others. Ask how they plan to use it and how they will keep it private.



## SPECIAL SITUATIONS WHERE YOU CAN CHOOSE NOT TO SHARE

We may share your health information in the following situations unless you tell us not to:

***Family Members, Friends, and Others Involved in Your Care.*** We may share your health information with family members, friends, or others who help take care of you or help pay for your care. If you are here and able to make decisions, we will ask if it is okay to share your information. If you are not able to make decisions or are not here, we may share your information if we think it is best for you.

***Disaster Relief Efforts.*** We may share limited health information with a public or private entity that is authorized to assist in disaster relief efforts to coordinate your care or notify your family about your location, condition, or death.

***Facility Directories.*** If you are admitted to our facility, we may use your name, location in the facility, general condition, and religious affiliation in our facility directory. This information may be shared with people who ask for you by name, except for your religious affiliation, which will only be shared with clergy members. You have the right to object to this inclusion.

***Fundraising Activities.*** We may use your information to contact you for fundraising efforts. You have the right to opt out of receiving these communications.

***Appointments and Services.*** We may use and share your information to remind you of upcoming appointments. We may also inform you about treatment options, alternatives, or other health-related benefits and services that may be of interest to you.

***School Immunization Requests.*** We may share your health information for school immunization requests if the school is required by law to have documentation of such immunization(s) for enrollment.

## WHEN YOUR WRITTEN PERMISSION IS REQUIRED

We will ask for your written permission before using or sharing your health information for purposes not covered by this Notice or the laws that apply to us. This includes:

***Psychotherapy Notes.*** We will ask for your written permission before sharing any psychotherapy notes unless the law says we can in special cases.

***Sensitive Health Information.*** We will ask for your written permission before using or sharing any sensitive health information for reasons not already described in this Notice or allowed by law. This includes information about things like mental health, HIV/AIDS, or genetic testing.

***Sale of Health Information.*** We will ask for your written permission before we get paid for sharing your health information unless the law allows it in certain special situations.

***Marketing.*** We will ask for your written permission before using or sharing your health information for marketing, unless we talk to you in person or give you small free items.

***Substance Use Disclosure Treatment Records.*** We may receive substance use disorder treatment records from programs protected by federal law (42 CFR Part 2). If we do, we must keep those records private. We will not use or share them unless you give us written permission or the law requires it, such as with a court order. If a court order is involved, we will follow the law and let you know when required.

***Other Purposes.*** We will only use or share your health information in ways not listed in this Notice or required by law if you give us written permission.



## YOUR PRIVACY RIGHTS

You have several rights concerning your health information. Understanding and exercising these rights helps ensure the privacy and confidentiality of your information. Here are your rights and how you can exercise them:

***Right of Access to Health Information.*** You have the right to look at and get a copy of your health records, including medical, billing, and other records used to make decisions about your care. If your records are stored electronically, you can ask for a copy in an electronic format. You may also ask us to send your records to someone else you choose. We may charge a small, cost-based fee for copies, and we will let you know about any fees in advance. To request your records, please send us a signed, written request.

Sometimes, we may not be able to give you access to certain records if the law does not allow it, such as psychotherapy notes or information prepared for legal proceedings. If we deny your request, you can ask for a review. A licensed healthcare professional who was not involved in the original decision will look at your request, and we will follow their decision.

***Right to Amend Your Records.*** You have the right to ask us to change or correct the health information we keep about you. To make a request, you need to submit a signed, written request explaining what you want changed and why. We will review your request carefully, but we are not required to make the changes. If we agree to your request, we will update your records and let you know. We cannot change what is already in the record, but we may let others know if they received incorrect information. If we deny your request, we will send you a letter explaining why. You can then send us a written statement to add to your record, so your side of the story is included.

***Right to an Accounting of Disclosures.*** You have the right to request a list of certain times we have shared your health information in the past six years. This list will not include times we shared it for treatment, payment, or healthcare operations, or when we gave it directly to you or shared it with your written permission. To request this list, please send us a signed, written request. You can get one list for free every 12 months. If you ask for more than one list in the same year, we may charge a fee. We will let you know the cost before we send the list.

***Right to Request Restrictions.*** You have the right to ask us not to use or share your health information in certain ways. For example, you may want to limit how we use it for treatment, billing, or healthcare operations, even if you have already given permission. You can also ask us not to share information with your health insurance plan if you paid for the service yourself. If you make this request, we will not share it unless the law says we must.

To ask for a restriction, send us a signed, written request explaining what information you want to limit and why. We do not have to agree to every request, but we will try to honor reasonable ones. If we do agree, we will follow the restriction unless there is an emergency and your information is needed to treat you. We may remove the restriction later if needed, and we will let you know if we do.

***Right to Request Confidential Communications.*** You can ask us to contact you in different ways or at a different place if that is more convenient or private for you. For example, you might want us to call you at work instead of home or send you information by email rather than by mail. To make this request, write to us and let us know how and where you would like to be contacted. You do not need to explain why you are making the request. We will do our best to meet your request if it is reasonable and possible.

***Right to Cancel Your Permission.*** You have the right to cancel (revoke) your written permission for us to use or share your health information at any time. To do this, send us a signed letter and a clear description of the permission you want to cancel. Once we receive the request, we will stop using or sharing your information based on that permission. However, cancelling your permission will not change anything we already did before we got your request.



## HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you can file a complaint, in writing, to the contact person below. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services (HHS) at the address below. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
Toll-Free Call Center: 1-877-696-6775  
Or go online to: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

## NEED HELP OR MORE INFORMATION?

If you have questions, need further assistance regarding, or want to make a request related to this Notice, please contact our Compliance Officer for more information:

Contact Person:	Compliance Officer
Phone:	<b>410-742-8732</b>
Address:	PO Box 1733, Salisbury, MD, 21802
E-mail:	<a href="mailto:scottingham@coastalhospice.org">scottingham@coastalhospice.org</a>

## EFFECTIVE DATE OF THIS NOTICE

This Notice takes effect on **February 16, 2026**.