

# VITAS NOTICE OF PRIVACY PRACTICES

## **Your Information. Your Rights. Our Responsibilities.**

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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.**

**This notice describes the practices of VITAS Hospice Services, LLC and its subsidiaries and affiliated entities that are designated as an “affiliated covered entity”<sup>1</sup> under the federal medical privacy law known as HIPAA.**

### **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.

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<sup>1</sup> See <https://www.vitas.com/help-center/privacy-and-disclaimers> for a list of VITAS’ subsidiaries and affiliated entities.

- 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 us using the contact information listed below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

### **Substance Use Disorder Records**

If we receive substance use disorder records that are governed by the federal privacy law at 42 CFR Part 2 and have not been disclosed to us for treatment, payment, and health care operations purposes (“Substance Use Disorder Records”), then these records will be subject to additional restrictions, as noted below. If we receive substance use disorder records pursuant to a consent for treatment, payment, and health care operations, then we will treat these records like other PHI except that we will not use or disclose them for civil, criminal, administrative, and legislative proceedings against you.

## 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 facility directory

We will not include Substance Use Disorder Records for these purposes without your further written consent.

*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 (except for Substance Use Disorder Records) 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 (as the term “marketing” is defined in HIPAA)
- Sale of your information (as the term “sale of protected health information” is defined in HIPAA)
- 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.*

We generally will not disclose Substance Use Disorder Records for treatment purposes without your consent, except in a bona fide medical emergency in which your consent cannot be obtained.

#### Run our organization

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We can use and share your health information to run our program, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

We generally will not disclose Substance Use Disorder Records for these purposes without your consent.

### **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.*

We generally will not disclose Substance Use Disorder Records for payment purposes without your consent.

### **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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you (except for Substance Use Disorder Records) 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. Additional restrictions may apply to sharing of Substance Use Disorder Records.

## **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations (except for Substance Use Disorder Records).

## **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or (except for Substance Use Disorder Records) 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 (except for Substance Use Disorder Records)
- For law enforcement purposes or with a law enforcement official (except for Substance Use Disorder Records)
- With health oversight agencies for activities authorized by law (except for Substance Use Disorder Records)
- For special government functions such as military, national security, and presidential protective services (except for Substance Use Disorder Records)

## **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 (except that a specialized type of court order generally is required before we will share Substance Use Disorder Records).

## **State Laws**

We operate in a number of states, each with unique laws governing your information. If a state law provides additional privacy rights or protections, then we will comply with the state law's additional requirements.

## **Health Information Exchange Networks**

We have chosen to participate in one or more health information exchange ("HIE") networks. As permitted by law, your health information will be shared with these exchanges in order to provide faster

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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 these HIEs by contacting us at [VITASAdmissions@VITAS.com](mailto:VITASAdmissions@VITAS.com).

## **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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **Contact Person**

You may contact VITAS’ Privacy Officer for information regarding patient privacy, the content of this Notice and your rights under the Federal privacy standards. The Privacy Officer can be reached at 1-866-29-VITAS.