

## **NOTICE OF PRIVACY PRACTICES**

**Original Effective Date: April 14, 2003**

**Effective Date of Last Revision: May 1, 2025**

**I. THIS NOTICE DESCRIBES HOW VITAS HOSPICE SERVICES, LLC'S SUBSIDIARIES AND AFFILIATED ENTITIES DESIGNATED AS AN AFFILIATED COVERED ENTITY<sup>1</sup> (VITAS) MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **II. OUR COMMITMENT TO PROTECTING YOUR HEALTH INFORMATION**

VITAS is legally required to protect the privacy of your health information. This information is called "protected health information" or "PHI" and it includes information that can be used to identify you that we have created or received about your past, present or future health or condition, the provision of healthcare to you, or payment for the treatment and services that Vitas provides to you. We must provide you or your personal representative with this Notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice.

However, we reserve the right to make changes to this Notice at any time and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We also will provide you or your personal representative with a copy of the revised Notice upon your request made to the Privacy Officer referenced in Section VI below, or you can view a copy of the Notice on our website at [www.vitas.com](http://www.vitas.com).

### **III. HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and try to give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**To Provide Treatment.** VITAS may use your PHI to coordinate care within VITAS and with others involved in your care, such as your attending physician,

---

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

members of the hospice interdisciplinary team and other healthcare professionals who have agreed to assist VITAS in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. VITAS also may disclose your PHI to individuals or entities outside of VITAS involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment, or other healthcare professionals that VITAS uses to coordinate your care.

**To Obtain Payment.** VITAS may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We also may disclose PHI to another healthcare provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that healthcare provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

**To Conduct Healthcare Operations.** VITAS may use and disclose PHI in performing business activities that are called Healthcare Operations. Healthcare Operations include doing things that facilitate the function of VITAS and allow us to provide quality care to our patients. VITAS' subsidiaries may share PHI with each other for these purposes. Healthcare operations include such activities as:

- quality assessment and improvement activities;
- activities designed to improve health or reduce healthcare costs;
- protocol development, case management and care coordination;
- contacting healthcare providers and patients with information about treatment alternatives and other related functions that do not include treatment;
- professional review and performance evaluation;
- training programs, including those in which students, trainees or practitioners in healthcare learn under supervision;
- training of non-healthcare professionals;
- accreditation, certification, licensing or credentialing activities;
- review and auditing, including compliance reviews, medical reviews, legal services and compliance programs;

- business planning and development, including cost management and planning related analyses and formulary development; and business management and general administrative activities of VITAS.

For example, VITAS may use your PHI to evaluate its staff performance, combine your PHI with the PHI of other VITAS patients in evaluating how to more effectively serve all patients, or disclose your PHI to VITAS staff and contracted personnel for training purposes.

**To Inform You of Appointment Reminders and Health-related Benefits.**

VITAS may contact you to remind you of appointments or staff visits and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT.** VITAS may use and disclose PHI about you in some situations where you have the opportunity to agree or object to such use and disclosure. If you do not object, then we may make these types of uses and disclosures of PHI.

**To individuals Involved in Your Care or Payment for Your Care.** VITAS may disclose PHI about you to your family member, close friend or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or in advance, if you are available), then we only may use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interest. For example, if you are unable to communicate normally with your physician or the VITAS staff for some reason, we may find it is in your best interest to give your prescription or other medical supplies to the caregiver, relative or other individual who is delegated to be responsible for your healthcare. We also may use and disclose PHI to notify such persons of your location, general condition or death. We also may coordinate with disaster relief agencies to make this type of notification, as necessary. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays or other items that contain PHI about you.

**To Patient Directory.** VITAS may include your name, location in the facility, general condition and religious affiliation in the patient directory of a VITAS inpatient setting for use by clergy and visitors who ask for you by name, unless you object in whole or in part.

## **OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU DO NOT HAVE THE OPPORTUNITY TO AGREE OR OBJECT**

We may use and disclose PHI about you in the following circumstances without your authorization and without providing you with an opportunity to agree or object, provided that we comply with certain conditions that may apply.

**To Business Associates.** VITAS may use or disclose certain PHI about you to business associates. A business associate is an individual or entity under contract with VITAS to perform or assist VITAS in a function or activity which necessitates the use or disclosure of PHI. Examples of business associates, include, but are not limited to, consultants, accountants, lawyers, medical transcription companies and medical record storage companies. VITAS requires the business associates to protect the confidentiality of your PHI.

**When Legally Required.** VITAS will disclose your PHI when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** VITAS may disclose your PHI for public activities and purposes in order to:

Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.

To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect or Domestic Violence.** VITAS is allowed to notify government authorities if VITAS believes a patient is the victim of abuse, neglect or domestic violence. VITAS will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** VITAS may disclose your PHI to a health oversight agency for activities including audits, civil, administrative or

criminal investigations, inspections, licensure or disciplinary action. However, VITAS may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of healthcare or public benefits.

**In Connection with Judicial and Administrative Proceedings.** VITAS may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when VITAS makes reasonable efforts to either notify you about the request or to obtain an order protecting your PHI.

**For Law Enforcement Purposes.** VITAS may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.

For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

Under certain limited circumstances, when you are the victim of a crime.

To a law enforcement official if VITAS has a suspicion that your death was the result of criminal conduct, including criminal conduct by VITAS staff.

In an emergency to report a crime.

**To Coroners and Medical Examiners.** VITAS may disclose your PHI to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** VITAS may disclose your PHI to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, VITAS may disclose your PHI prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** VITAS may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** VITAS may use your PHI for research purposes under certain limited circumstances. VITAS must obtain a written authorization to use

and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by federal law to help ensure the privacy of PHI. Before VITAS discloses any of your PHI for such research purposes, the project will be subject to an extensive approval process. VITAS may utilize information in your medical record that does not identify you for conducting clinical and healthcare services research.

**In the Event of a Serious Threat to Health or Safety.** VITAS may, consistent with applicable law and ethical standards of conduct, disclose your PHI if VITAS, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. VITAS may release information regarding a diagnosis of AIDS or results of Human Immunodeficiency Virus (HIV) tests to the extent permitted by law.

**For Specified Government Functions.** In certain circumstances, federal regulations authorize VITAS use or disclose your PHI to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates and law enforcement custody.

**For Worker's Compensation.** VITAS may release your PHI for worker's compensation or similar programs.

#### **USES AND DISCLOSURES THAT WILL NOT BE MADE WITHOUT YOUR EXPRESS WRITTEN AUTHORIZATION**

VITAS must obtain your written authorization prior to using or disclosing your PHI if (i) the use or disclosure includes psychotherapy notes; (ii) the use or disclosure is for marketing purposes, including subsidized treatment communications; (iii) the disclosure constitutes a sale of PHI; and (iv) for any other uses and disclosures not described in this Notice. Some States may have laws that are more protective than federal law, which may require VITAS to obtain an authorization from you for the disclosures listed in this Notice.

#### **RIGHT TO REVOKE WRITTEN AUTHORIZATION**

If you or your representative authorizes VITAS to use or disclose your PHI, you may revoke that authorization in writing at any time.

#### **IV. YOUR RIGHTS WITH RESPECT TO YOUR PHI**

You have the following rights regarding your PHI that VITAS maintains:

**Right to request restrictions.** You may request restrictions on the PHI we use or disclose about you for treatment, payment or healthcare operations. You have the right to request a limit on VITAS' disclosure of your PHI to someone who is involved in your care or the payment of your care. For example, you may

ask that we do not use or disclose information about a procedure you had. However, VITAS is not required to agree to your request. If you paid out-of-pocket for a specific item or service, you have the right to request that PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and VITAS is required to honor that request. If you wish to make a request for restrictions, please send a written request to the VITAS Medical Records Custodian. The written request should include what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse).

**Right to receive confidential communications.** You have the right to request that VITAS communicate with you in a certain way. For example, you may ask that VITAS only conduct communications pertaining to your PHI with you by mail or privately with no other family members present. If you wish to receive confidential communications, please make a written request to the VITAS Medical Records Custodian that specifies how and when you wish to be contacted. VITAS will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to inspect and copy your PHI.** You have the right to inspect and copy your PHI, including billing records. A written request to inspect and copy records containing your PHI may be made to the VITAS Medical Records Custodian. If you request a copy of your PHI, VITAS may charge a reasonable fee for copying and assembling costs associated with your request. If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. VITAS may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.

**Right to amend healthcare information.** If you or your representative believes that your PHI records are incorrect or incomplete, you may request that VITAS amend the records. That request may be made as long as the information is maintained by VITAS. A request for an amendment of records must be made in writing to the VITAS Medical Records Custodian. VITAS may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your PHI records were not created by VITAS, if the records you are requesting are not part of the VITAS records, if the PHI you wish to amend is not part of the PHI you or your representative are permitted to inspect and copy, or if, in VITAS' opinion, the records containing your PHI are accurate and complete.

**Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your PHI made by VITAS for any reason other than for treatment, payment or health operations unless the disclosure for

treatment, payment or health operations was in the form of an electronic health record. The request for an accounting must be made in writing to the VITAS Medical Records Custodian. The request should specify the time period for the accounting starting no earlier than April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. Accounting requests relating to electronic health record disclosures described above may not be made for periods of time in excess of three years. VITAS will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a paper copy of this Notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously or even if you previously requested an electronic copy. To obtain a separate paper copy, please contact the Privacy Officer as indicated below in Section VI. You or your representative may obtain a copy of the current version of the Notice of Privacy Practices on our website at [www.vitas.com](http://www.vitas.com).

**Right to receive notice of a breach.** VITAS is required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services (the "Secretary")\_to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a brief description of the breach, including the date of the breach and the date of its discovery, if known;
- a description of the type of Unsecured Protected Health Information involved in the breach;
- steps you should take to protect yourself from potential harm resulting from the breach;
- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, VITAS will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, VITAS will send notices to prominent media outlets. If the breach involves more than 500 patients, VITAS is required to immediately notify the Secretary. VITAS also is required to submit an annual

report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

## **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

You or your personal representative have the right to express complaints to VITAS and to the U.S. Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to VITAS should be made by calling the HIPAA Hotline at 1-866-29-VITAS. VITAS encourages you to express any concerns you may have regarding the privacy of your PHI. You will not be retaliated against in any way for filing a complaint.

## **VI. 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.