



## Patient and Family Care Guides

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# Legal Rights and Notices



centrica™  
CARE NAVIGATORS

# Patient rights and responsibilities

Centrica™ Care Navigators is committed to showing sincere respect for the dignity and independence of every patient and family member. Specific rights and responsibilities of patients are listed below.

## The patient has the right to the following:

1. We serve everyone regardless of race, color, ethnic or religious background, national origin, citizenship, age, height, weight, disability, marital status, familial status or gender and do not discriminate based on pregnancy, sex stereotyping, gender identity, sexual orientation or any other characteristic protected by federal or state law.
2. An individual who is or has been a patient is entitled to inspect, request amendment to or receive for a reasonable fee a copy of his or her medical record upon request. Except as otherwise permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that act, 45, CFR parts 160 and 164, a third party shall not be given a copy of the patient's medical record without prior authorization of the patient.
3. A patient is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another healthcare facility, as required by law or third party payment contract, or as permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.
4. A patient is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect and full recognition of his or her dignity, individuality, personal/spiritual values and beliefs, and cultural background.
5. A patient is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the health facility or agency, information about his or her medical condition, proposed course of treatment and prospects for recovery, in terms that the patient can understand, unless medically contraindicated as documented by the attending physician in the medical record. In addition, a patient has the right to receive a clear explanation of the nature and purpose of the proposed treatment(s) and potential risk(s) and benefit(s).
6. A patient is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. If a refusal of treatment prevents a health facility, agency or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.
7. A patient is entitled to exercise his or her rights as a patient and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the health facility or agency staff, to governmental officials, or to another person of his or her choice within or outside the health facility or agency, free from restraint, interference, coercion, discrimination, reprisal or interruption of care, treatment and services. A patient is entitled to information about the health facility's or agency's policies and procedures for initiation, review and resolution of patient's complaints.
8. A patient is entitled to information concerning an experimental procedure proposed as a part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her continuing care.
9. A patient is entitled to receive and examine an explanation of his or her bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the health facility or agency.

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10. A patient is entitled to know who is responsible for and who is providing his or her direct care and frequency of visits; is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs; and is to be involved in his or her discharge planning, if appropriate.

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11. A patient is entitled to associate and have private communications and consultations with his or her physician of choice, attorney or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the health facility, unless medically contraindicated as documented by the attending physician in the medical record. A patient's civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the health facility or agency shall encourage and assist in the fullest possible exercise of these rights. A patient may meet with, and participate in, the activities of social, religious and community groups at his or her discretion, unless medically contraindicated as documented by the attending physician in the medical record.

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12. A patient is entitled to be free from mental, physical (including injuries of unknown source), sexual and verbal abuse as well as neglect, mistreatment, exploitation, corporal punishment or misappropriation of property. He/she also has the right to be free from physical or chemical restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff. Restraint or seclusion may be authorized in writing by the attending physician for a specified and limited time. Restraints may be used as necessitated by an emergency to ensure the immediate physical safety of the patient, a staff member or others and must be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and shall promptly report the action to the attending physician. In case of a chemical restraint, a physician shall be consulted within 24 hours after the commencement of the chemical restraint. Restraints must be discontinued at the earliest possible time. The use of restraint or seclusion must be in accordance with the order of a physician authorized to order restraint or seclusion by hospice policy in accordance with Michigan law.

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13. A patient is entitled to be free from performing services for the health facility or agency that are not included for therapeutic purposes in the plan of care.

14. A patient has the right to have their property treated with respect and to voice grievances regarding misuse of property without discrimination or reprisal.

15. The patient is to be informed in advance of the care being furnished, his/her right to participate in the planning of his/her care and treatment, and to participate in the planning of any changes to the plan of care or treatment before they are made.

16. If the patient has been judged incompetent under state law, the rights of the patient are exercised by the person appointed to act on the patient's behalf.

17. Patients, 18 years of age or older, who have decision-making capacity have the right to formulate an Advance Directive. An Advance Directive is a written instruction, such as a Durable Power of Attorney for healthcare, which relates to the provision of care when a patient is incapacitated. Centrica Care Navigators does not require patients to complete an Advance Directive in order to receive treatment. In the absence of an Advance Directive, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law or the next of kin would make healthcare decisions if the patient were no longer able to make decisions.

18. If there is a treatment choice or care decision concern of an ethical nature, the patient/family may request a consultation with the Ethics Advisory Committee of Centrica Care Navigators. This may be done by calling Centrica Care Navigators.

19. The patient will be informed orally and in writing, before care is initiated, of the extent to which payment from Medicare, Medicaid or any other known federally funded or aided program is expected, charges not covered and the charges that the patient will have to pay. If there are any

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changes in payment, the patient will be advised of these changes orally and in writing as soon as possible, but no later than 30 calendar days from the date that Centrica Care Navigators becomes aware of any change.

20. A patient is entitled to information about the health facility or Centrica Care Navigators' rules and regulations affecting patient care and conduct.
21. A patient has the right to have a spouse, significant other, relative or friend stay with them 24 hours/day.
22. The patient has the right to be discharged from Centrica Care Navigators at any time.
23. The patient is entitled to adequate and appropriate pain and symptom management as a basic and essential element of his or her medical treatment.

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**The patient/family responsibilities to Centrica Care Navigators include the following:**

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1. The patient will provide a complete and accurate medical history to authorized Centrica Care Navigators personnel.
2. The patient will authorize the release of information between Centrica Care Navigators and the attending physician and others as necessary for provision of quality care.
3. The patient will provide information about complications and changes in condition, as well as perceived risks, that may arise during the course of treatment and care.
4. The patient will make it known whether he or she clearly understands a contemplated course of action and things he or she is expected to do. Patients and their families should express any concerns about their ability to follow the proposed care plan or course of care, treatment and services as well as any specific service needs and expectations.

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5. Patients and their families must follow the care, treatment and service plan developed and are responsible for the outcomes if they do not follow the plan.
6. Centrica Care Navigators makes every effort to adapt the plan to the specific needs and limitations of the patient. When such adaptations are not recommended, patients and their families are informed of the consequences of the care, treatment and service alternatives and not following the proposed course.
7. The patient will provide Centrica Care Navigators timely and accurate information concerning his or her sources of payment for agency services and promptly meet any financial obligation agreed to.
8. The patient will inform Centrica Care Navigators personnel of any change in his or her Advance Directive at the time this change is initiated.
9. The patient will provide a safe environment in which Centrica Care Navigators professionals can provide care. Centrica Care Navigators has the right to refuse/terminate care to a patient when there is a risk to the life or health of an employee or volunteer.
10. Patients and their families must be considerate and respectful of staff, other patients and property, and follow the organization's rules and regulations.



# Patient/family complaints

Patient complaints involving Centrica Care Navigators may be made to the agency and/or to the Michigan Department of Licensing and Regulatory Affairs. Discrimination complaints may be made to the agency and/or to the U.S. Department of Health and Human Services. The response will be according to set procedures as listed below.

## Complaints

1. A patient/family may complain about any condition, event or procedure involving care provided by Centrica Care Navigators. When an oral complaint is not resolved to the satisfaction of the complainant, Kristin Whyte, AVP, Program Administrator, or Krista Newman, Chief Operating Officer, will assist the complainant in reducing an oral complaint to writing. The Section 1557 Coordinator, Melissa Ring, will assist with discrimination complaints.

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2. If complaints are not resolved at once with the direct care staff serving the patient family, complaints are to be made to Kristin Whyte, AVP, Program Administrator or Krista Newman, Chief Operating Officer at Centrica Care Navigators office: 7100 Stadium Drive, Kalamazoo, MI 49009 (telephone 269.345.0273, Monday through Friday, 8:00 a.m. to 5:00 p.m.)

3. Kristin Whyte, AVP, Program Administrator, or Krista Newman, Chief Operating Officer, will review complaints and conduct an investigation of the complaint within five working days of receiving the complaint. Within 15 working days of receiving the complaint, Kristin Whyte, AVP, Program Administrator, or Krista Newman, Chief Operating Officer, will deliver to the complainant a written report of the results of the investigation. Discrimination complaints must be submitted within 60 days of the alleged discriminatory action. Investigations of the complaint will occur and a written response will be provided within 30 days of filing.

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4. If the complainant is not satisfied with the investigation or resolution of the complaint, the matter is appealed by the complainant to the Chief Executive Officer, Patrick Miller, at Centrica Care Navigators, 7100 Stadium Drive, Kalamazoo, MI 49009 (telephone 269.345.0273). The CEO shall conduct an investigation of the complaint within five working days of receipt of the complaint, and within 15 working days of receipt of the complaint will deliver to the complainant a written report of the results of the investigation. Appeals of discrimination complaint written responses must be filed within 15 days of receiving the written response. The CEO shall issue a written decision in response to the appeal no later than 30 days of filing of the appeal.

5. Centrica Care Navigators maintains written complaints filed under its complaint procedure and all complaint investigation reports delivered to each complainant for three years. Such records are available to the Michigan Department of Licensing and Regulatory Affairs upon request.

6. Patient families are also entitled to file a complaint regarding hospice services, including failure to follow Advance Directives, provided by Centrica Care Navigators with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Healthcare Services, whose toll free complaint hotline is 1.800.882.6006, 24 hours per day, 7 days per week. A written complaint may be sent to: Michigan Department of Licensing and Regulatory Affairs, Bureau of Healthcare Service, Health Facility Complaints, P.O. Box 30664, Lansing, MI 48909, Fax 517.241.2635. An online complaint can be filed at <http://www.michigan.gov/lara>. Discrimination complaints should be sent to the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1.800.368.1019, 800.537.7697 (TDD). Discrimination complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the alleged discrimination.

7. These guidelines shall not be construed to expand or diminish other remedies at law available to a patient under this code or the statutory and common law of this state.

These rights and responsibilities herein are for health facilities, facility staff, facility employees and patients. An individual shall not be civilly or criminally liable for failure to comply with these sections.

# Notice of nondiscrimination

Centrica Care Navigators complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Centrica Care Navigators does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

## Centrica Care Navigators:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

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If you need these services, contact Centrica Care Navigators Section 1557 Coordinator, Melissa Ring, 269.345.0273 (phone), [TTY 1.844.578.6563].

If you believe that Centrica Care Navigators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Kristin Whyte, AVP, Program Administrator, or Krista Newman, Chief Operating Officer, 7100 Stadium Drive, Kalamazoo, MI 49009, 269.345.0273 (phone), [TTY 1.844.578.6563], 269.345.8522 (fax), [hospice@CentricaCare.org](mailto:hospice@CentricaCare.org) (email).

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Melissa Ring is available to help you.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, and regulations of the U.S. Department of Health and Human Services issued pursuant to these four statutes at Title 45 Code of Federal Regulations Parts 80, 84, 91 and 92.

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**This notice is available in Spanish below.** Este aviso también está disponible en otros idiomas. La versión española está en el lado inverso.

## Aviso de no discriminación

Centrica Care Navigators cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Centrica Care Navigators no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

### Centrica Care Navigators:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes capacitados.
  - Información escrita en otros idiomas.

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Si necesita estos servicios, póngase en contacto con Centrica Care Navigators coordinador seccion 1557, Melissa Ring, 1.269.345.0273 (teléfono), [TTY 1.844.578.6563].

Si considera que Centrica Care Navigators no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente: Kristin Whyte, Administrador del Programa AVP, o Krista Newman, Director de Operaciones, 7100 Stadium Drive, Kalamazoo, MI 49009, 269.345.0273 (teléfono), [TTY 1.844.578.6563], 269.345.8522 (fax), [hospice@CentricaCare.org](mailto:hospice@CentricaCare.org) (correo electrónico).

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Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, coordinador seccion 1557, Melissa Ring, está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Esta aviso es de conformidad con lo dispuesto en el Título VI de la Ley de Derechos Civiles de 1964 (no discriminación sobre la base de raza, color, origen nacional), la Sección 504 de la Ley de Rehabilitación de 1973 (no discriminación por motivos de discapacidad), la Ley de Discriminación por edad de 1975 (la no discriminación por razones de edad), la Sección 1557 de la Ley de Protección al paciente y Cuidado de Salud asequible de 2010, 42 USC § 18116, y las regulaciones del Departamento de Salud y Servicios Humanos de EE.UU. emitidas de acuerdo con estos cuatro estatutos en el Título 45 del Código de Reglamentos Federales de piezas 80, 84, 91 y 92.

## Privacy notice

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.

## Our responsibilities

Centrica Hospice Care ("Hospice") takes the privacy of your health information seriously. Hospice is required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. Hospice is required to abide by the terms of this notice, which is currently in effect, and notify you in the event of a breach of your unsecured health information.

## How Hospice may use and disclose your health information

The following categories describe different ways that Hospice uses and discloses your health information. For each category, an explanation of the category is provided, in some cases with examples. Not every use or disclosure in a category will be listed. However, all of the ways hospice is permitted to use and disclose your health information will fall into one of these categories.

**Treatment.** Hospice may use and disclose your health information to coordinate care within Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other healthcare professionals who have agreed to assist Hospice in coordinating care. For example, Hospice may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications.

**Payment.** Hospice may use and disclose your health information to receive payment for the care you receive from Hospice. For example, Hospice may be required by your health insurer to provide information regarding your healthcare status, your need for care and the care that Hospice intends to provide to you so that the insurer will reimburse you or Hospice.

**Healthcare operations.** Hospice may use and disclose health information for its own operations to facilitate the functioning of Hospice, and as necessary to provide quality care to all of Hospice's patients. 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.
- Business management and general administrative activities of Hospice.

For example, Hospice may use your health information to evaluate its performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to members of the Hospice workforce for training purposes, use your health information to contact you as a reminder regarding a visit to you, or



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contact you as part of general community information mailings (unless you tell us you do not want to be contacted).

## Additional permitted uses and disclosures of health information

**Appointment reminders.** Hospice may use and disclose your health information to contact you as a reminder that you have an appointment.

**Treatment alternatives.** Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, Hospice may use your name and address to notify you and your family of support groups or other programs.

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**As required by law.** Hospice will disclose your health information when it is required to do so by any federal, state or local law.

**Public health risks.** Hospice may disclose your health information for public activities and purposes in order to:

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- Prevent or control disease, injury or disability; report disease, injury, vital events such as birth or death; and to facilitate public health surveillance, investigations and interventions.
- Report adverse events; product defects; track products; enable product recalls, repairs and replacements; and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the employer's workforce in certain limited situations, as authorized by law.

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

**Health oversight activities.** Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hospice, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of healthcare or public benefits.

**Judicial and administrative proceedings.** Hospice may disclose your health information 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 Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**Law enforcement.** As permitted or required by state law, Hospice may disclose your health information to a law enforcement official for certain 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, 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 Hospice has a suspicion that your death was the result of criminal conduct, including criminal conduct at Hospice.
- In an emergency in order to report a crime.

**Coroners and medical examiners.** Hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as

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authorized by law.

**Funeral directors.** Hospice may disclose your health information 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, Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**Organ, eye or tissue donation.** Hospice may use or disclose your health information 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.

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**Research purposes.** Hospice may, under certain circumstances, use and disclose your health information for research purposes. Before Hospice discloses any of your health information for research purposes, the project will be subject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information and trying to balance the research needs with your need for privacy. Before Hospice uses or discloses health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave Hospice, it may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, Hospice may disclose your health information to researchers after your death when it is necessary for research purposes.

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**Limited data set.** Hospice may use or disclose a limited data set of your health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health or healthcare operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your health information.

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**Serious threat to health or safety.** Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice, 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.

**Specified government functions.** In certain circumstances, federal regulations authorize Hospice to use or disclose your health information 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 in law enforcement custody.

**Workers' compensation.** Hospice may release your health information for worker's compensation or similar programs.

## Other uses or disclosures of your health information to which you may agree or object

**Hospice site directory** (Rose Arbor Place). Hospice may disclose certain information about you, including your name, your general health status, your religious affiliation, room number and phone information, that allows us to connect a caller to your room while you are in our hospice site. Hospice may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

**Persons involved in your care.** Hospice may disclose your health information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if Hospice: (1) obtains your agreement; (2) provides you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infers that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, Hospice may exercise its professional judgment to determine whether a disclosure is in your best interests. If Hospice discloses information to a family member, other relative or a

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close personal friend, Hospice will disclose only information that it believes is directly relevant to the person's involvement with your healthcare or payment related to your healthcare. Hospice may also disclose your health information in order to notify (or assist in notifying) such persons of your location, general condition or death. You may ask Hospice at any time not to disclose your health information to any person(s) involved in your care. Hospice will agree to your request unless circumstances constitute an emergency, or if the patient is a minor.

**Fundraising activities.** Hospice or its Business Associate may use information about you, including your name, address, telephone number and the dates you received care, in order to contact you or your family to raise money for our organization. You have the right to opt out of receiving these communications from Hospice or its Business Associate. If you do not want us to contact you for fundraising purposes, notify the Chief Marketing and Development Officer at 269.345.0273 and indicate that you do not wish to receive fundraising communications.

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**Memorials.** Hospice may use your name to acknowledge donations made to Hospice in your honor.

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## Authorizations to use or disclose your health information

Other than the permitted uses and disclosures described above, Hospice will not use or disclose your health information without an authorization signed by you or your personal representative. If you or your representative sign a written authorization allowing Hospice to use or disclose your health information, you may cancel the authorization (in writing) at any time. If you cancel your authorization, Hospice will follow your instructions, except to the extent that Hospice has already relied upon your authorization and taken action.

**The following uses and disclosures to your health information will only be made with your signed authorization:**

1. Uses and disclosures for marketing purposes.
2. Uses and disclosures that constitute a sale of your health information.
3. Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
4. Any other uses and disclosures not described in this Notice.

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## Your rights regarding your health information

You have the following rights regarding your health information that Hospice maintains:

- **Right to request restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. Hospice is not required to agree to your request, unless your request is for a restriction on a disclosure to a health plan for purposes of payment or healthcare operations (and is not for purposes of treatment), and the medical information you are requesting to be restricted from disclosure pertains solely to a healthcare item or service for which you have paid out of pocket in full. If you wish to make a request for restrictions, please contact the AVP, Quality and Compliance/ Compliance Officer at 269.345.0273.
- **Right to receive confidential communications.** You have the right to request that Hospice communicate with you in a certain way. For example, you may ask that Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the AVP, Quality and Compliance/ Compliance Officer at 269.345.0273. Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right of access to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy

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records containing your health information may be made to the AVP, Quality and Compliance/ Compliance Officer at 269.345.0273. If you request a copy of your health information, Hospice may charge a reasonable fee for copying and assembling costs associated with your request. You have the right to request that Hospice provide you, an entity or a designated individual with an electronic copy of your electronic health record containing your health information, if Hospice uses or maintains electronic health records containing patient health information. Hospice may require you to pay the labor costs incurred by Hospice in responding to your request.

Complaints

- **Right to amend your healthcare information.** You or your representative have the right to request that Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Hospice. A request for an amendment of records must be made in writing to the AVP, Quality and Compliance/ Compliance Officer at 7100 Stadium Drive, Kalamazoo, MI 49009. Hospice 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 health information records were not created by Hospice, if the records you are requesting are not part of Hospice's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in the opinion of Hospice, the records containing your health information are accurate and complete.

Notice of Nondiscrimination

- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Hospice for the previous seven (7) years. The accounting will not include disclosures made for treatment, payment or healthcare operations unless we maintain your health information in an electronic health record. This request for an accounting must be made in writing to the AVP, Quality and Compliance/ Compliance Officer at 7100 Stadium Drive, Kalamazoo, MI 49009. The request should specify the time period for the accounting starting on or after April 14, 2003. Hospice 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.

Privacy Notice

- **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. To obtain a separate paper copy, please contact the AVP, Quality and Compliance/ Compliance Officer at 269.345.0273. The current version of Centrica Care Navigators' Notice of Privacy Practices is also available at [CentricaCare.org](http://CentricaCare.org).
- **Right to opt out of fundraising.** You or your representative have the right to opt out of receiving fundraising communications. Instructions for how to opt out are included in each fundraising solicitation you receive.
- **Right to receive notification of breach.** If Hospice determines that there has been a breach of your health information, Hospice will provide you or your representative with notice by first-class mail or by email if you agree to receive electronic notices. The notification will be provided as soon as possible but no later than 60 calendar days following the discovery of the breach, except as required by law enforcement. The notification will include a description of the breach; description of the type of information involved in the breach; the steps that you or your representative should take to protect you from harm; a brief description of what Hospice is doing to investigate the breach, mitigate the harm and prevent further breaches; and the contact information for Hospice. Hospice may notify you by telephone as well as written notice in cases deemed by Hospice to require urgency because of possible imminent misuse of your health information.
- **Right to have genetic health information kept private.** In accordance with the Genetic Information Nondiscrimination Act (GINA) of 2008, Hospice considers genetic information your personal health information and will not use it to determine eligibility for coverage of hospice services, nor report to companies for underwriting purposes.

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## Changes to this Notice

Hospice reserves the right to change this Notice. Hospice reserves the right to make the revised Notice effective for health information Hospice already has about you, as well as any health information Hospice receives in the future. Hospice will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice also is available to you upon request. The Notice will contain, at the end of this document, the effective date. In addition, if Hospice revises the Notice, Hospice will offer you a copy of the current Notice in effect.

## If you have any questions regarding this Notice

Complaints

Hospice has designated the AVP, Quality and Compliance/Compliance Officer at 269.345.0273 as its contact person for all issues regarding patient privacy and your rights under the federal privacy standards. You may contact this person at Centrica Care Navigators, 7100 Stadium Drive, Kalamazoo, MI 49009.

## Complaints

Notice of  
Nondiscrimination

You or your personal representative have the right to express complaints to Hospice and to the Secretary of the U.S. Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to Hospice should be made in writing to the AVP, Quality and Compliance/Compliance Officer, Centrica Care Navigators, 7100 Stadium Drive, Kalamazoo, MI 49009. Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## Effective Date

This Notice is effective July 18, 2025.

Privacy Notice