

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Effective Date: September 19, 2026
Updated to reflect federal privacy requirements
applicable February 16, 2026

Privacy Officer: Shirley Stephen
970-526-7901 | shirley.stephen@hotp.org

Hospice of the Plains, Inc. | 302 North 9th Avenue, Sterling, CO 80751 | www.hotp.org

Your Rights

When it comes to your health information, you have important rights. You may:

- **Get an electronic or paper copy of your medical record** - Ask to see or receive a copy of the medical record and other health information we maintain about you. We will generally provide a copy or summary within the time required by law and may charge only a permitted, reasonable cost-based fee.
- **Ask us to correct your medical record** - If you believe information is incorrect or incomplete, you may ask us to amend it. We may deny the request in some circumstances, but we will explain the reason in writing as required by law.
- **Request confidential communications** - You may ask us to contact you in a particular way or at a different address. We will accommodate reasonable requests.
- **Ask us to limit what we use or share** - You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay for an item or service in full out of pocket, you may ask us not to disclose that information to your health plan for payment or operations, unless disclosure is required by law.
- **Get an accounting of disclosures** - You may request a list of certain disclosures of your health information made during the six years before your request. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, and health care operations.
- **Get a copy of this notice** - You may request a paper copy at any time, even if you agreed to receive it electronically. We will provide it promptly.
- **Choose someone to act for you** - If a person has legal authority to act for you, such as a health care power of attorney or legal guardian, that person may exercise your privacy rights as allowed by law. We will verify that authority before acting.
- **File a complaint** - You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference, tell us what you want us to do and we will follow your instructions when the law allows or requires us to do so.

Family, friends, and others involved in your care: You may tell us to share relevant information with family, close friends, or others involved in your care or payment for your care. If you cannot tell us your preference, we may share information when we determine it is in your best interest and the law permits it.

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Disaster relief: We may share limited information with a disaster relief organization when permitted by law so family or others responsible for your care can be notified about your location, condition, or death.

Marketing and sale of information: We will obtain your written authorization for uses or disclosures for marketing when authorization is required and for a sale of protected health information, except as otherwise permitted by law.

Fundraising: We may contact you about fundraising as permitted by law. You may tell us not to contact you again for fundraising purposes.

How We Typically Use and Share Your Health Information

Treat you. We may use your health information and share it with physicians, nurse practitioners, nurses, pharmacies, facilities, contractors, and other professionals involved in your care. Example: A hospice nurse may discuss symptoms and medication needs with your physician or Hospice of the Plains provider.

Run our organization. We may use and share health information to operate Hospice of the Plains, coordinate services, improve quality, train staff, conduct accreditation and compliance activities, and contact you when necessary.

Bill for services. We may use and disclose information to bill and obtain payment from Medicare, Medicaid, health plans, or other responsible payers and to perform related payment activities.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without your written authorization when the law permits or requires it. Conditions and limitations apply. Examples include:

- Public health and safety activities, such as disease prevention, reporting certain adverse events, product recalls, and reporting suspected abuse, neglect, or domestic violence when authorized or required by law.
- Research that meets applicable legal requirements and privacy safeguards.
- Compliance with federal or state law, including disclosures to health oversight agencies for activities authorized by law.
- Organ and tissue donation activities, when applicable.
- Information to coroners, medical examiners, and funeral directors as permitted by law.
- Workers' compensation, law enforcement, and certain other government requests when the applicable legal requirements are met.
- Judicial and administrative proceedings, including responses to court or administrative orders and other lawful process when HIPAA and other applicable laws permit disclosure.

Substance Use Disorder Records (42 CFR Part 2)

If Hospice of the Plains creates, receives, or maintains substance use disorder patient records that are protected by 42 CFR Part 2, additional federal confidentiality protections may apply. To the extent we have Part 2 records about you, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent or the disclosure is authorized by a qualifying court order and subpoena or similar legal mandate, as required by Part 2. Part 2 information used for fundraising is subject to the notice and choice requirements applicable to those records.

Information Requiring Your Written Authorization

Uses and disclosures not described in this notice will be made only with your written authorization unless another law permits or requires the use or disclosure. If you authorize us to use or disclose information, you may revoke that authorization in writing at any time, except to the extent we have already acted in reliance on

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it or another legal exception applies. Certain specially protected records may be subject to additional federal or state restrictions.

Colorado and Nebraska Privacy Protections

Hospice of the Plains provides services in Colorado and Nebraska. When state or other federal law provides greater privacy protection than HIPAA, we follow the more protective requirement. This may include additional restrictions or procedures for certain behavioral or mental health records, substance use disorder records, communicable-disease information, and other specially protected information. Colorado law includes heightened confidentiality protections for certain behavioral health records, and Nebraska law includes specific confidentiality and access rules for certain mental health and medical records. We will apply these requirements when they are applicable to the information and services involved.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law 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 the notice currently in effect and provide you a copy of the notice.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing or the law otherwise permits or requires it.
- We may change the terms of this notice. Changes may apply to all information we maintain about you. The current notice will be available upon request, at our offices, and prominently on our website.

Questions, Requests, or Complaints

Hospice of the Plains Privacy Officer

Shirley Stephen
302 North 9th Avenue
Sterling, CO 80751
970-526-7901
shirley.stephen@hotp.org

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
[HHS HIPAA Complaint Information](#)

We will not retaliate against you for filing a complaint.

Availability of This Notice

You have a right to a paper or electronic copy of this Notice of Privacy Practices. Copies are available upon request from Hospice of the Plains. The current notice is also available on our website at www.hotp.org and at our service locations as required by law.

Changes to This Notice

We may change this notice and our privacy practices. If we make a material change, we will revise the notice and make the updated notice available as required by law. The revised notice will state its effective date.