



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Hope Enterprises Inc. is required by law to provide you with this Notice so that you will understand how we may use or share your information from your records. The records include financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact the *Privacy Officer*, Professional Support Services at 570-326-3745.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Upon admission, a record is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to ensure it is accurate, better understand who may access your health information and make more informed decisions when authorizing disclosure to others.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose health information. 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 into one of the categories.

For Treatment: We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other Hope personnel who are involved in taking care of you.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at Hope may be billed to you, an insurance company or a third party.

For Health Care Operations: We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all Individuals receive quality care. Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

Business Associates: There are some services provided by Hope through contracts with business associates. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Treatment Alternatives: We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Hope Directory: We may include information about you in the Hope directory. This information may include your name and location. The directory information, except for your religion, may be disclosed to people who ask for you by name.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Reporting: Federal and state laws may require or permit Hope to disclose certain health information related to the following:

Public Health Risks: We may disclose health information about you for public health purposes, including: prevention or control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medications or problems with products, notifying people of recalls of products, notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, notifying the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information about you for public health purposes, including: prevention or control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medications or problems with products, notifying people of recalls of products, notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, notifying the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Reporting Abuse, Neglect or Domestic Violence: Notifying the appropriate government agency if we believe an individual has been the victim of abuse, neglect or domestic violence.

Law Enforcement: We may disclose health information when requested by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement; About a death we believe may be the result of criminal conduct; about criminal conduct at Hope; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of Hope, the information belongs to you. You have the following rights regarding your health information:

Right to Inspect and Copy: You have the right to review and copy your health information. *You must submit your request in writing to the Privacy Officer.*

Right to Amend: If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for Hope. *You must submit your request in writing to the Privacy Officer. In addition, you must provide a reason for your request.* We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the health information kept by or for the Hope; or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. You must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free.

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Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must submit your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Alternate Communications: You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. You may obtain a copy of this Notice at our website, www.hopeability.org. To obtain a paper copy of this Notice, contact Privacy Officer at 570-326-3745 in the Professional Support Services department.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Hope sites and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Hope administrator.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hope or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hope, contact the Privacy Officer in the Professional Support Services department 570-326-3745. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**