

Hopewell Health Centers, Inc.
Notice of Health Information Privacy Practices

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.

Understanding Your Physical and Mental Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as an:

- *Basis for planning your care and treatment
- *Means of communication among the many health professionals who contribute to your care
- *Legal document describing the care you received
- *Means by which you or a third-party payer can verify that services billed were actually provided
- *A tool in educating health professionals
- *A source of data for medical research
- *A source of information for public health officials charged with improving the health of the nation
- *A source of data for facility planning and marketing
- *A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- *Understanding of what is in your record and how your health information is used to help you to:
 - *Ensure its accuracy
 - *Better understand who, what, when, where, and why others may access your health information
 - *Make more informed decisions when authorized disclosures to others

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- *Request a restriction on certain uses and disclosures of your information
- *Obtain a paper copy of the notice of information practices upon request
- *Inspect and copy your health record
- *Request amendment of your health record
- *Obtain an accounting of disclosures of your health information
- *Request communications of your health information by alternatives means or at alternative locations
- *Revoke or amend your authorization to use or disclose health information except to the extent that action has already been taken
- *Restrict Disclosure of protected health information to your health plan if you as an individual has paid for the service out of pocket in full

Our Responsibilities

- *Maintain the privacy of your health information
- *Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- *Abide by the terms of this notice
- *Notify you if we are unable to agree to a requested restriction
- *Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- *We are required to notify affected individuals following a breach of unsecured protected health information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. A current copy will be kept on site for you to review.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information to provide treatment.

We will also provide your current or a subsequent health care provider with copies of various reports that should assist him/her in treating you once you're discharged from this facility (if applicable). We will gather medication information from your pharmacy.

We will use your health information to secure payment for services.

For Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For Example: Members of the clinical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

HIE Notice Language

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Hopewell site or office manager.

Business Associates: There are some services provided in our organization through contacts with Business Associates. Examples include diagnostic services, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may then disclose your health information to our Business Associates so that they can perform the job we've asked it 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.

Notification: In case of a medical emergency we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may also disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Fundraising: If at any time HHC intends to contact you to raise funds we must inform you of that intention and you have a right to opt out of receiving any such communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information related to adverse events with respect to food, supplements, product/product defects, post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

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

Law enforcement: We may disclose health information for law enforcement purposes as required by law (including reporting of threat to self or other, reporting of abuse, neglect or Domestic violence) or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering patients, workers, or the public.

Other Uses and Disclosures of Health Information Not Covered by This Notice: Other disclosures will only be made with your written permission.

How to Complain about our Privacy Practices:

If you think we may have violated your privacy rights, or disagree with a decision we made about access to your private health information, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.

Washington, D.C. 20201

(202) 619-0257 or toll free (877) 696-6775

Contact Person for Information, or to Submit a Complaint:

If you have questions about this Notice or any complaints about our privacy practices, please contact:

David Schenkelberg, Chief Clinical Officer, Chief Privacy Officer
90 Hospital Drive
(740) 592-3091

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