



## Notice of Privacy Practices

This Notice of Privacy Practices covers HopeWay Foundation, dba HopeWay, HopeWay Wellness, LLC, and HopeWay Psychiatry & Associates, LLC.

Effective February 03, 2020

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

### OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at HopeWay Foundation, dba HopeWay, HopeWay Wellness, LLC, and HopeWay Psychiatry & Associates, LLC (collectively, "HopeWay"). We use and share this record to provide you with quality care and to comply with certain legal requirements. This record will be available to all health care professionals who need access as described in this Notice, many of whom will be involved in your treatment at of our facilities. This Notice will apply to all of the records of your care that we maintain.

This Notice will tell you about the ways we may use and share your health information. It also describes your rights and certain obligations we have regarding how we use and share your health information.

We are required by law to:

1. Maintain the privacy of your health information as outlined in this Notice
2. Provide you notice of our legal duties and privacy practices with respect to your health information
3. Follow the terms of the Notice that are currently in effect

### WHO WILL FOLLOW THIS NOTICE?

1. Any health care professional authorized to enter information into your HopeWay medical record, including providers on the medical staff and other providers and personnel while at any of our health care facilities or practices.
2. All employees, staff, volunteers, and other personnel.

### HOW IS YOUR INFORMATION USED?

**For Treatment.** We may use and share your health information to provide, coordinate, or manage your health care and related services, both among our own providers, and with others involved in your care. For example, a provider treating you for a mental diagnosis may need to know if you have diabetes because certain psychotropic medications may affect blood sugar. Additionally, that provider may tell the dietician/kitchen so you can have appropriate meal options. Different HopeWay departments also may share your health information in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.

**For Payment.** Generally, we may use and share your health information with others to bill and collect payment for the treatment and services we provide to you. At our in-network and out-of-network facilities, before you receive scheduled services, we may contact your health plan to ask to verify coverage and benefits and for approval of payment. We may also share portions of your health information with billing departments, insurance companies, health plans and their agents, and consumer reporting agencies.

**For Health Care Operations.** We may use and share health information to conduct our business activities and health care operations that assist us in improving the quality and cost of the care we provide to you and other patients. We may also use client health information to decide what new services we should offer, what services are not needed, and whether certain new treatments are effective. We may share information for education, licensing, legal and other purposes.



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**Appointment Reminders.** We may use and share information to contact you as a reminder that you have an appointment for treatment or care.

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

**Health Related Benefits and Services.** We may use and share health information to tell you about health related benefits or services that may be of interest to you, or to tell you about a new facility that we are opening.

**Business Associates.** We sometimes hire other people to help us perform our services or operate our entities. We may share your health information with them so that they can perform the job we have asked them to do. We require them to protect your health information and keep it confidential. For example, we may hire a transcription service to transcribe parts of your medical record, or collection agencies to collect payment.

### USES OF HEALTH INFORMATION FROM WHICH YOU MAY OPT OUT

**Fundraising and Marketing Activities.** We may use your health information to contact you in an effort to raise money for HopeWay and its operations. We may share health information with a related foundation which may contact you regarding raising money for a treatment or service related cause. All health information utilized for marketing purposes will have all identifiers removed to make it anonymous. You have a right to opt out of fundraising and marketing communications.

**Mental Health.** Your information can be shared with other providers outside of the facility for purposes of treatment, payment, and health care operations. You have the right to opt out of the mental health facility information being available by requesting to opt out in writing and submitting it to your mental health provider and submitting it. Please allow five (5) business days for the opt out to take effect. You can opt back in by giving similar notice. Note that there are some situations in which we can share your mental health information even if you opt out, such as in an emergency.

**Individuals Involved in Your Care or Payment for Your Care.** We may share your health information with a family member, personal representative, friend or other person you identify. We will share information that is directly related to their involvement in your care or payment for your care. For example, if you are on a spouse's insurance plan, your spouse may have access to a bill of services provided. We may share information when it is necessary to notify them of your location, general condition or death. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your health information with a person involved in your care. If you bring family members or others to your appointments and do not tell us that you object to them hearing your medical information, then we are allowed to interpret that as your consent for them to do so.

### SPECIAL SITUATIONS

In some situations, we may use or share your health information without your permission or allowing you an opportunity to object. Examples of these situations include:

1. When required by law
2. For organ, eye or tissue donation purposes
3. For public health activities (such as to prevent or control disease, injury, or disability; to report reactions to medicine or problems with medical products, etc.)
4. For health oversight activities for a legal proceeding
5. To law enforcement
6. To avoid a serious threat to health or safety



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7. To coroners, medical examiners and funeral directors for disaster relief
8. For research
9. For specialized government functions for workers' compensation

### STATE AND FEDERAL LAWS

Sometimes, state or federal laws require us to protect or share your health information in keeping with or in addition to the ways stated in this Notice. For example, state law protects your health information under the provider-client privilege. There are also situations when we are required or permitted to share your information under the law, such as child abuse. The following are just a few examples of some common situations where state or federal laws require us to protect or share your information:

**Treatment for Drug and Alcohol Use.** If you receive treatment for drug or alcohol use in a federally funded rehabilitation center, federal law prevents us from release that information, except in certain situations. For example, if there is an emergency or if you threaten to hurt someone, we can share the information as necessary.

**Unemancipated Minors.** In North Carolina, if you are under the age of 18, are not married and have not been legally emancipated, you can consent to treatment for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbances without an adult. This information will remain confidential, unless your provider determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment. Note that minors are still required to get parental or court consent for an abortion.

**Inspections and Surveys.** Our facilities and services are subject to inspection by state and federal agencies and accreditation representatives who may review client health information, which we are required to provide. For example, the State may ask to review records as part of their review of our license or review of a complaint (you may have certain rights to object to review of your record). A licensing board may also review records when evaluating a provider's qualifications or investigating a matter.

### OTHER USES OF HEALTH INFORMATION

In most cases, we require your written permission to use or share psychotherapy notes, or to share your information in a way that constitutes sale of health information. Before we use or share your health information in a manner not covered by this Notice or required or permitted by applicable laws, we will ask for your written permission. We may also remove all identifiers from your information to make it anonymous, and use or share it for other purposes.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

#### Access to a Copy of Your Health Records

1. You can ask to see and get a copy of your health record and other health information. You may not be able to get all of your information in a few special cases. For example, if your provider decides something in your file might endanger you or someone else, your request for access may be denied.
  - a. In most cases, copies of your health record will be given to you within 30 days, but this time frame can be extended for another 30 days, if needed.
  - b. You may have to pay for the cost of copying and mailing if you request copies and mailing.
2. To request a copy of your health record, submit a written letter to HopeWay Medical Records.



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### Revoke an Authorization

1. If you have provided us permission to use or share your health information, you may revoke that permission at any time by writing a letter to HopeWay. If you revoke your permission, we will no longer use or share your health information for the reasons covered by your written authorization. You understand that we are unable to take back any information we have already shared before you notified us of your revocation.

### Request Changes to Your Health Information

1. You can ask to change or add information to your health record that you think is wrong or incomplete. A request to change your health information is also known as a “request for amendment.” The provider has the right to decide whether to grant the request for amendment. For example, if you and your provider agree that your file has the wrong result for a test, the provider will change it. If, however, your provider believes the test result is correct, then your request for a change may be denied, but your disagreement will be noted in your file.
  - a. To request an amendment, you must write a letter to HopeWay. You must describe the amendment and provide a reason why it should be made.
  - b. We will usually respond to your request for amendment within 60 days, but it may take an extra 30 days in some cases. If we need an extension, we will provide you with the reason.

### Obtain a List of When and Why Your Health Information Was Shared

1. You have the right to request an “accounting of disclosures.” This is a list of the people with whom your health information has been shared (it does not include those involved in treatment, payment, or for health care operations, or as authorized by you). To get this list, you must write a letter to HopeWay requesting an “accounting of disclosures.” You must include the time frame for the request.
  - a. You can get an accounting of disclosures, at no charge, every 12 months. There may be a charge for more than one report within a 12 month time frame.
  - b. In most cases, we will get you the accounting of disclosures within 60 days, but it may take an extra 30 days in some cases. If we need an extension, we will provide you with the reason.

### Request Restrictions on Sharing of Your Information

1. You have the right to request a restriction or limitation on the health information we use or share about you for treatment, payment or health care operations. You also have the right to request that we limit the health information we share about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that we not share with your sibling’s information about a surgery you had. To request a restriction, you must write a letter to HopeWay. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit the use, or sharing of information, or both; and (3) to whom you want the limits to apply (for example, sharing with your spouse). ***We are not required to agree to your request.*** If we do agree, your restrictions may not be followed in some situations, such as emergencies or when required by law.
2. Note that if you ask us not to share health information with your health plan for items or services for which you paid in full, out of pocket, we will not share the information with the plan.

### Request that We Change How We Contact You

1. You can make reasonable requests to be contacted at different places or in different ways. For example, you can have the nurse call you on your cell phone instead of your home number, or ask that your lab results be sent to your office instead of



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your home. If sending information to you at home might put you in danger, your health provider must talk, call, or write to you where you ask and in the way you ask, if the request is reasonable. To request confidential communications, you must write a letter to HopeWay; you are not required to tell us the reason for your request. We will accommodate all reasonable requests, but your request must specify how or where you wish to be contacted. We may also ask how you will handle payments.

2. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice upon request.
3. Right to be Notified of a Breach. You have the right to be notified if your health information is acquired, used, or shared in a manner not permitted under law which compromises the security or privacy of your health information.

### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you, as well as any health information we create or receive in the future. The Notice will contain the effective date on the first page. We will post a copy of the current Notice of Privacy Practices at our facilities and on our website.

### COMPLAINTS

If you believe your information was used or shared in a way that is not allowed under the privacy law or if you believe your rights were denied, you can file a complaint with HopeWay and with the Secretary of the Department of Health and Human Services. To file a complaint with us, you may call 980.859.2106. To get information on how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Chief Compliance Officer at 980.859.2106 or visit the U.S. Department of Health and Human Services website (<https://hhs.gov/hipaa/filing-a-complaint/>). *You will not be penalized for filing a complaint.*