

# NOTICE OF 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 the notice carefully. This notice took effect September 23, 2013, and was amended February 16, 2026.*

## 1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. We will make every effort to obtain your consent each and every time we need to use or disclose your personal health information. This notice will tell you about the ways we may use and share medical information about you with or without a signed consent. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

## 2. OUR LEGAL DUTY

### **The law requires us to:**

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

### **We have the right to:**

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### **Privacy practices changes:**

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

## 3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us. Redisclosure Notice: Please note that protected health information may no longer be protected by federal privacy rule once it is disclosed to a third party.

### **FOR TREATMENT:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.

*Example:* You are in the hospital with a broken leg. You also have diabetes. A number of health care and support staff need to know about your diabetes during your stay.

- The doctor treating you for the broken leg needs to know if you have diabetes, because diabetes may slow the healing process.
- The dietitian needs to know about your diabetes to arrange proper meals.
- The pharmacy needs to know about possible medicines that you may need as a diabetic.
- The information about your diabetes may help in diagnostics, testing, and x-ray work.

We may also share your medical information with your other health care providers to assist them in treating you.

### **FOR PAYMENT:**

We may use and disclose your medical information for payment purposes.

*Example:* You are treated in our office for a sinus infection.

- We may need to give your health insurance plan information about treatment you received at our organization so that your health plan will pay us or repay you for any treatment that you paid for.
- We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

### **FOR HEALTH CARE OPERATIONS:**

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you.

### **ADDITIONAL USES AND DISCLOSURES:**

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

#### **Notification:**

Medical information to notify or help notify:

- A family member
- Your personal representative
- Another person responsible for your care

We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays or medical information for you.

#### **Disaster Relief:**

We may share medical information with a public or private organization or person who can legally assist in disaster relief.

#### **Fundraising:**

We may use medical information for fundraising purposes. We may use medical information, including your name, address, phone number, the dates you received services, the department from which you received service, your treating physician, outcome information, and health insurance status to contact you to raise money for HopeHealth interests. If you wish to have your name removed from the list to receive fundraising requests supporting HopeHealth in the future, or if you wish to receive fundraising communications after you have been removed from the list, then please email us using the form found on our website or call us at (888) 841-5855 and ask to speak to the Director of Corporate Compliance.

#### **Research in Limited Circumstances:**

Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

#### **Funeral Director, Coroner, Medical Examiner:**

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

#### **Specialized Government Functions:**

Subject to certain requirements, we may disclose or use health information for military personnel and Veterans for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

#### **Court Orders and Judicial and Administrative Proceedings:**

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

#### **Public Health Activities:**

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

#### **Victims of Abuse, Neglect, or Domestic Violence:**

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes. We may share your medical information if it is necessary to prevent a serious threat to the health or safety of yourself or others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

#### **Health Oversight Activities:**

We may disclose medical information to an agency providing health oversight for activities authorized by law, including audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other authorized activities.

#### **Law Enforcement:**

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes on our premises, and crimes in emergencies. Your SUD treatment records will not be used or disclosed in any legal proceedings against you unless you give your written consent, or we receive a court order, and you have been given notice and a chance to be heard. The court order must include a subpoena or other legal document that requires us to respond.

We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment, or health care operations activities.

## 4. YOUR INDIVIDUAL RIGHTS

### **YOU HAVE A RIGHT TO:**

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, health care operations, and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept a request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically, and wish to receive a paper copy, you have the right to make a request in writing to the contact person listed at the end of this notice.

## 5. PRIVACY CORRESPONDENCE

Any required communications or additional questions regarding the information in this notice should be directed to our Privacy Officer by phone at **(843) 667-9414** or by email at [HIPPA@hope-health.org](mailto:HIPPA@hope-health.org). Letters can be mailed to 360 N. Irby Street, ATTN: Privacy Officer.

