

Hope Meadows Foundation
NOTICE OF PRIVACY PRACTICES

This notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Summary

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. **PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. A new notice will be available to you at our office or on request and will be effective for PHI that we maintain from that time forward.

1. USES AND DISCLOSURES OF PHI

Uses and Disclosures of PHI Based Upon Your Written Consent

You will be asked by your clinician to sign a Consent Form. Once you have signed the form, your PHI may be used and disclosed by your clinician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the clinician's practice. Please note that Hope Meadows Foundation's policy is to not disclose your information without your written authorization, except as noted in this Privacy Notice. Following are examples of the types of uses and disclosures of your PHI that the clinician's office is permitted to make once you have signed our Consent Form – these examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support our internal health care operations.

We may also call you by name in the waiting room when your clinician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may share your PHI with third party "business associates" that perform various activities (including billing) for our internal practice. Whenever an arrangement between our office and

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a business associate involves the use of disclosure of your PHI, we will have a written contract that contains terms to protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services.

Uses and Disclosures of PHI Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written Authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your clinician or the clinician's practice has taken an action in reliance on the use or disclosure indicated in the Authorization.

Other Permitted And Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your PHI in the following instance. You have the opportunity to agree or object to the use or disclosure of all or part of our PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be provided.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your clinician shall try to obtain your Consent as soon as reasonably practicable after the delivery of treatment. If your clinician or another clinician in the practice is required by law to treat you and the clinician has attempted to obtain your Consent but is unable to obtain your Consent, he or she may still use or disclose your PHI to treat you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your Consent or Authorization. These situations include:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, or any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Community Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

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Health Oversight: We may disclose PHI to a government health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

In addition, we may disclose your PHI if we believe that you have been a victim of abuse or neglect to the governmental entity or agency authorized to receive such information, consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery requests or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

Worker's Compensation: Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility or your clinician created or received your PHI in the course of providing care for you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500et. Seq.

2. YOUR RIGHTS

You have the right to inspect and copy your PHI. You may inspect and obtain a copy of your PHI that is contained in a designated record set from April 2003 forward, for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your clinician and the practice use for making decisions about you. This includes your medical and billing records but does not include information gathered or

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prepared for a civil, criminal, or administrative proceeding. Depending on the circumstances, a decision to deny access may be reviewable. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

You have the right to request a restriction of your PHI. You may request in writing that we restrict and/or not use or disclose you PHI for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to adhere to it.

It is the policy at Hope Meadows Foundation to disclose your PHI only with your written authorization except as described in this Privacy Notice.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. Please make this request in writing to our front desk.

You may have the right to have your clinician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment with us we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, in any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It may exclude disclosures we may have made to you, to family member or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request.

3. COMPLAINTS OR QUESTIONS

You may contact our Privacy official at (216) 232-3656, ext. 502 for further information about the complaint process or other information in this Notice of Privacy.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint.

In compliance with the HIPAA regulations per the US Government, this notice was published and became effective on April 14, 2003. It was most recently revised on February 6, 2019.

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SIGNATURE PAGE:

(PLEASE BRING TO FIRST SESSION)

By signing below I am attesting to receiving and reading the Notice of Privacy Practices:

Client's Signature: _____ Date: _____

Client's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____

Clinician's Signature: _____ Date: _____

Clinician's Printed Name: Tiffany M. Ingersoll, MA, LPCC-S