

# The Hope Connection

of Northwest Family Life

## Notice of Privacy Practices

**This notice describes how your medical records information may be used and disclosed, and how you can get access to this information.**

The law protects the privacy of information we create and obtain in providing our care and services to you. Your protected health information includes your diagnoses, treatment, information from other providers, and billing and payment information relating to these services. Federal and state laws allow us to use and disclose protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so. Domestic Violence Treatment Laws do require me to give some specific information to victims and authorities, which is explained at the time of admission.

### **Your Health Information Rights**

The healthcare and billing records I create and store are the property of The Hope Connection. The protected health information in it belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us.
- Request and receive from me a paper copy of the most current Notice of Privacy Practices.
- Request that you be allowed to see and get a copy of your records.
- Have me review a denial of access to your records.
- Ask me to change something in your records. Please give me this request in writing. If your request is denied you may write a statement of disagreement. It will be stored in your medical record and included with any release of your records.
- You may request a list of disclosures of your records without charge once every 12 months. Requests made more frequently will require a fee to process. Please sign, date, and give me your request in writing. The list may not include disclosures for treatment, payment or health care operations.
- You may ask that your records be given to you by another means or at another location.
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain payment.

For help with these rights or to report a problem about your records during normal business hours, contact your therapist.

If you believe your privacy rights have been violated, you may discuss your concerns with your therapist. You may also deliver a written complaint addressed to your therapist. You may also file a complaint with the U.S. Secretary of Health and Human Services. I respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you.

## **My Responsibilities**

### **I am required to:**

- keep your protected health information private unless authorized to give it out.
- allow you to read this Notice and give you a copy if you want one.
- update this Notice if we make changes. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.
- notify Family and Others for Public Health and Safety Purposes as Required by Law:
  - to prevent or reduce a serious, immediate threat to someone's health or safety
  - to public health or legal authorities to prevent or control disease, injury, or disability
  - if you are hospitalized we may tell your family or the authorities so that you may receive proper care
- ask your permission to share information of a personal nature for researchers' purposes.
- give Coroners information consistent with applicable law to allow them to carry out their duties.
- report Suspected Abuse or Neglect to public authorities.
- give Correctional Institutions information for health and safety purposes if you are in jail or prison.
- give information for Law Enforcement Purposes or in the course of Judicial Proceedings such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- give information for Specialized Government Functions for national security purposes.
- get your written authorization for other uses and disclosures not in this Notice.

### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations:**

#### **For treatment-**

- Information obtained by me will be recorded in your personal health record and used to help create a treatment plan for you. Other affiliate members of The Hope Connection may be involved in helping to develop the treatment plan.
- The Hope Connection affiliate members discuss cases in a peer review format to assure the best approach for your treatment.

#### **For payment-**

- Insurance plans require information from us about your diagnosis, treatment and recommendations.

#### **For health care operations-**

- I use your personal health records to assess quality and improve services.
- We may use and disclose your personal health records to review the performance of Affiliates of The Hope Connection.
- I may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- I may use and disclose your information for medical quality review by your health plan; accounting, legal, risk management, and insurance services; audit functions, including fraud and abuse detection and compliance programs

I received a copy of this form:

\_\_\_\_\_  
Client or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name