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 written privacy policy to inform you of how your medical information will be used and disclosed and to let you know your rights with respect to it. We may change our practices and this notice will contain “effective date” of any change. We will abide by the terms of the notice in effect at the time of our use or disclosure of your health information, unless you notify us that you would like to change the terms of our notice, and we have agreed to the change.

2. OUR LEGAL DUTY

The laws require us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and rights regarding your medical information.
3. Follow the terms of the notice in effect for as long as it remains in effect.

We reserve the right to change our practices in the notice and to make the new notice effective for future information we gather or disclose after the date of the change. If we change our practices, we will provide you with the new notice. You may request a copy of our current notice at any time by written request to our Privacy Officer.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We will use or disclose your medical information for the purposes that we describe in this notice. We use or disclose medical information about you to carry out the duties of our medical care. We may use or disclose information in the following situations. However, we may not use or disclose health information about you in other ways without your permission.

4. YOUR INDIVIDUAL RIGHTS

You may exercise your rights at any time. If you exercise your rights, you will be required to request any further disclosure only in writing.

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 inform you of the denial in writing and state the reasons for the denial.

6. Request 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.

7. Request that we restrict the uses and disclosures of your health information. If we agree, we will abide by your request, unless the disclosure is required by law or for the treatment of an inmate or other person in lawful custody.

8. Request that we communicate any future medical information to you by alternative means or at alternative locations. If we agree, we will abide by your request.


10. Request a copy of our notices of privacy practices. To exercise this right, you must request a copy of our current Notice of Privacy Practices in writing, at any time and without charge.

11. Request that we restrict the uses and disclosures of your health information. If we agree, we will abide by your request, unless the disclosure is required by law or for the treatment of an inmate or other person in lawful custody.

12. Receive a paper copy of this notice. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.

13. Request that we communicate any future medical information to you by alternative means or at alternative locations. If we agree, we will abide by your request.

14. Request a copy of our notices of privacy practices. To exercise this right, you must request a copy of our current Notice of Privacy Practices in writing, at any time and without charge.

15. Request that we restrict the uses and disclosures of your health information. If we agree, we will abide by your request, unless the disclosure is required by law or for the treatment of an inmate or other person in lawful custody.

16. Receive a paper copy of this notice electronically, and to a person who you are authorized to receive the copy on your behalf.

5. PRIVACY CONSENT AND REQUESTS

Any request for additional information regarding the information in this notice should be directed to our Director of Corporate Compliance and Risk Management by phone at (608) 841-9746 or by email at privacy@hope-health.org.