



Summary of Privacy Practices

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

If you have any questions about this notice, please contact Hope Clinic's Privacy Officer at: [\(972\)-923-2440](tel:972-923-2440).

WHO WILL FOLLOW THE PRIVACY PRACTICES DESCRIBED IN THIS NOTICE

This Notice of Privacy Practices ("Notice") describes the privacy practices of Hope Clinic (the "Clinic") and its workforce members (including employees, contractors, physicians, nurses, other licensed or certified personnel, volunteers, and front desk, billing and administrative personnel) who have a need to use your health information to perform their jobs. It also applies to any individuals authorized to enter information into your Clinic record. Your other health care providers may have different policies regarding their use and disclosure of your health information created at their location.

ABOUT YOUR HEALTH INFORMATION

We understand that health information about you and your health is personal, and protecting your health information is important to us. We create a record of the care and services you receive at the clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated Hope Clinic, whether made by clinic personnel or other health care providers.

We are required by law to:

- Maintain the privacy of health information that identifies you (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you; and
- Follow the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories are different ways that we may use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- Disclosure at your request
- For Treatment
- For payment
- For health care operations

ADDITIONAL USES AND DISCLOSURES OF HEALTH INFORMATION

- As required by law
- Sign-In sheet
- Business Associates
- Fundraising
- Research
- Family, Friends, or other individuals involved in our care or payment of your care
- Change of Ownership of Hope Clinic
- Directory
- Appointment and patient recall reminders
- Disaster Relief
- Health-Related Products and Services
- To Avert a serious threat to health or safety

SPECIAL SITUATIONS

- Funeral Directors, Coroners and Medical Examiners
- Inmates and Law Enforcement
- Military and Veterans
- Organ and Tissue Procurement Organizations
- Public Health Reporting
- Worker's Compensation
- Multidisciplinary personnel teams
- Health Oversight Activities
- Lawsuits and Disputes
- National Security and Intelligence Activities
- Protective Services for the President and Others
- Victims of Abuse, Neglect, or Domestic Violence
- Security Clearances
- Special Categories of Health Information

YOUR PRIVACY RIGHTS

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

- Right to obtain a paper copy of this Notice
- We reserve the right to accept or reject your request
- Request an accounting of disclosures
- Right to Request Confidential Communications
- Right to request Restrictions
- Right to Amend
- Right to inspect and copy

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed Notice effective for all health information we have about you as well as any information we receive in the future. We will post a copy of the current notice in the Clinic. The notice will contain the effective date on the bottom right corner. If we amend this Notice, we will offer a copy of the current Notice in effect.

You may request a detailed copy of the current Notice or a copy of this notice each time that you visit the Clinic for services or by calling the clinic and requesting that the current notice be sent to you by mail.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will stop the uses and disclosures allowed by that permission, except to the extent that we have already acted in reliance on your permission. For example, we are unable to take back any disclosures we have already made with your permission.

FOR MORE INFORMATION, TO FILE A COMPLAINT OR TO REPORT A PROBLEM

If you believe that your privacy rights have been violated, please let us know promptly so we can address the situation. You may file a complaint with the Clinic and/or with the Secretary of the Federal Department of Health and Human Services. All complaints must be submitted in writing.

To file a complaint with the Clinic, send a written complaint to the Clinic's Privacy Officer at:

Hope Clinic, 411 E Jefferson St, Waxahachie, TX 75165 ATTN: Privacy Officer

If you would like to discuss a problem without submitting a formal complaint, you may contact the Privacy Officer by telephone at (972) 923-2440; or by facsimile at (972) 923-2445.

You will not be penalized for filing a complaint.