

**HOPE FAMILY MEDICINE, LLC
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 IT CAREFULLY.**

Effective Date: 4/27/20

This Notice serves as a Notice of Privacy Practices for Hope Family Medicine, LLC, 119 N Vine St, El Dorado, KS, 67042, our staff and healthcare providers, and applies to your protected health information generated by the employees and physicians.

Hope Family Medicine's Duties

By law, Hope Family Medicine must keep protected health information ("PHI") private. The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by Hope Family Medicine and relates to a patient's health care or payment for the provision of medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (such as your name, address and telephone number) that is related to your health records.

Hope Family Medicine is required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect.

The Health Care Providers Covered By This Notice

This notice covers Hope Family Medicine and Hope Family Medicine staff. The notice also covers other health care providers that come to Hope Family Medicine's facility to care for patients (such as physicians, physician assistants, therapists, and other health care providers not employed by Hope Family Medicine), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your medical information. Hope Family Medicine may share your medical information with these other health care providers for treatment, payment and health care operations purposes. This arrangement is only for sharing information and not for any other purpose.

Use and Disclosure of (PHI)

Below is a list of the most common circumstances in which Hope Family Medicine may use or share your PHI

- **For Treatment:** We may need to use or share PHI about you with other people involved in your care. For example, a doctor may need to look at your medical history before treating you.
- **For Payment:** We may use and disclose your protected health information to bill and receive payment for the care and treatment that you received.
- **To Run Our Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use health information about you to manage your treatment and services.

Other Uses and Disclosures of PHI

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. These uses and disclosures may include the following circumstances:

- When it is needed for public health activities; we are required or permitted by law to report the occurrence of communicable diseases.
- When reporting information about victims of abuse, neglect or domestic violence.
- When sharing information for the purpose of health oversight activities; we may share your PHI with the agency that oversees health care system programs, such as Medicare and Medicaid.
- When sharing information for judicial and administrative proceedings; we may share your PHI in response to a legal order or other lawful process.
- When sharing information for law enforcement purposes; we may share your PHI with the police or other law enforcement officials as required or permitted by law or in compliance with a court order or subpoena.
- We may share PHI about deceased persons with medical examiners, coroners, and funeral directors.
- We can use or share your information for health research.
- When sharing or using protected health information for organ and tissue donation purposes; we may share your PHI with organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.
- When we believe in good faith that sharing PHI is necessary to avert a serious health or safety threat.
- When sharing PHI is necessary to comply with workers' compensation laws or related purposes.
- When required by state, federal or other law; we may use and share your PHI when required to do so by any other law not already referred to above.
- We may share protected health information about you with a public or private entity that is authorized by law or its charter to assist in disaster relief efforts (e.g., the American Red Cross)

Permissive Uses or Disclosures

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. Your written request must be submitted to Hope Family Medicine.

- We may contact you to remind you of an appointment.
- We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may share PHI about you with a friend, family member, personal representative, or any individual you identify who is involved in your care. We can tell these individuals of your condition and that you are at Hope Family Medicine for treatment or services. We can also give this information to someone who will help or is helping to pay for your care.

Uses and Disclosures Requiring Your Written Permission (Authorization)

- **Use or Disclosure with Your Permission.** For any purpose other than the ones described in this notice, we may only use or share your PHI when you grant us written permission (authorization). For example, you will need to give us your written permission before we send your PHI to your life insurance company.
- **Marketing.** We must obtain your written permission prior to using your PHI to send marketing materials. For example, we may not sell your PHI without your written authorization. We may, however, communicate with you about products or services related to your treatment, case management, care coordination, or alternative treatments, therapies, health care providers or care settings without your permission

Revoking Your Authorization

If you give us written permission (authorization) to use or share your protected health information, you can change your mind and take back your authorization at any time, as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any information that we have already shared.

Patient Rights with Respect to PHI

- **Right to request restrictions:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get an electronic or paper copy of your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us using the information herein. We request your first bring any concern you may have directly to Hope Family Medicine. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Hope Family Medicine Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.