HOPE

Privacy Practices Disclosure

This disclosure describes how medical or personal information about you given to this center may be shared and how you can get access to this information. Please review it carefully.

Because we are a medical care provider that does not engage in any transactions covered under the federal Health Insurance Portability and Accountability Act (HIPAA), the privacy practices and terms described in this disclosure are voluntarily undertaken. Therefore, nothing in this should be construed as creating any contractual or legal rights on behalf of clients. We reserve the right to modify our privacy practices and this disclosure at any time.

1. Safeguarding Your Personally Identifiable Health Information

Individually identifiable information about your past, present, or future health or condition or the provision of health care to you is considered "Personally Identifiable Health Information" (PIHI). We will extend certain safeguards to your PIHI. This notice explains how, when and why we may use or share your PIHI. Except in specified circumstances, we will only use or share the minimum necessary PIHI to accomplish the intended purpose.

2. How We May Use and hare Your Personally Identifiable Health Information

We use and/or share your PIHI for purposes of treatment or our health care operations. For uses beyond that, we will obtain your written authorization. The following offers more description and some examples of the potential uses and sharing of your PIHI:

- Uses and Sharing Relating to Treatment or Health Care Operations. We may share your PIHI to
 health care personnel who are involved in providing your health care. Also, we may use and/or share
 your PIHI as may be reasonably necessary in the course of operating our medical clinic. We may also
 send or communicate appointment reminders, but subject to our normal confidentiality policies and any
 special instructions that you have given.
- Uses and Sharing for Which Special Authorization Will be Sought. For uses beyond treatment and operational purposes, we will seek to obtain your authorization before sharing your PIHI. However, sharing of your PIHI may be made without your consent or authorization when required by law, when required for public health reasons, when necessary to avert a threat of harm to you or a third person, or when other circumstances may require or reasonably warrant such disclosure.

3. How You May Have Access to or Control of Your Personally Identifiable Health Information. The following is a description of the steps you may take to access or to otherwise control disposition of your PIHI

- **To request restrictions on uses/sharing:** You may ask that we limit how we use or share your PIHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/sharing that are required by law.
- **To choose how we contact you**: You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonable and in writing.

(continued on reverse)

- To inspect and copy your PIHI: Unless your access is restricted for clear and documented treatment reasons, you will be permitted to inspect your PIHI and/or obtain a copy upon written request. We will respond to your request within 30 days. If we deny your request for access, we will give you written reasons for the denial. If you want copies of your PIHI, we will make reasonable efforts to accommodate any such request. You may designate selected portions of your PIHI for copying.
- **To request amendment of your PIHI:** If you believe that there is a mistake or missing information in our record of your PIHI, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the PIHI and so inform you. We will also inform any others who have a need to know about such changes.
- **To find out what information has been shared:** You may request for us to provide you with a list of all instances your PIHI has been shared in connection with your treatment, our health care operations, or as specifically required by law. We will respond to your request within 60 days of receiving it.
- **To receive this disclosure**: You may receive a paper or electronic copy of this disclosure upon request.

4. If your PIHI security is compromised

If PIHI is acquired, used or disclosed in a manner that is not permitted under this disclosure or that compromises the security or privacy of that PIHI (referred to as a "breach"), we will provide appropriate notification of such a breach without unreasonable delay and in no case later than 60 days after the discovery of the compromise. We may delegate this responsibility to a subcontractor. However, you will be responsible to take any additional steps you deem necessary to protect your identity and security.

5. Contacting the Privacy Security Officer

If you have any questions or concerns about our privacy practices, please contact our Operations Director or Center Coordinator at 715-843-4673.

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