

Stay Hopeful Healthcare LLC  
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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

Stay Hopeful Healthcare, LLC is committed to maintaining and protecting the confidentiality of your personal information. Under the Health Insurance and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your Protected Health Information (hereafter, PHI). PHI is individually identifiable health information in the form of oral, written, or electronic communications.

## OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting your privacy. We create a record of the care and services you receive from our practice. 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 by this practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

It is our duty and we are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify you if your PHI is affected by any security breach.
- Communicate any changes in this notice to you.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we 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. We will not use

your confidential information or disclose it to others without your authorization, except for the following purposes which do not require your authorization:

- For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may share your PHI with third-party "business associates," who perform various activities for the practice. The business associates will also be required to protect your PHI.
- Treatment: For treatment activities of any health care provider. This can be done without additional written authorization by you. For example, if our health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the external health care provider in diagnosis and treatment of your condition. Disclosures for treatment purposes are not limited to the minimum necessary standard, because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.
- Payment: For billing and to collect payment for treatment or services provided to you. We may share information with your health insurer to receive approval for payment.
- Operations: As needed with staff in our organization or third party affiliated associates when it is required to facilitate healthcare operations.
- Training/Research: For use in training or supervising associates or students to help improve their clinical skills or for research purposes. We may remove information that identifies you from this set of health information so that others may use it to study health care and health care delivery without learning your identity.
- Public Health Activities: For public health activities and purposes as allowed and required by law.
- Legal Proceedings: For our use in defending our practice in lawsuits or disputes instituted by you. If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.
- Law Enforcement/Government Functions: When requested by law enforcement or required by federal, state, or local laws.
- Criminal Activity: If necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, if it is necessary for law enforcement authorities to identify or apprehend an individual, or for any criminal conduct that we witness or that occurs on our premises.
- Coroners, Funeral Directors, or Organ Donation: As required by law for these entities to carry out their duties.

- **Workers' Compensation:** To facilitate compliance with Workers' Compensation Laws and other similar legally established programs that may provide benefits for work-related illness or injury.
- **Parental Access:** We will act within the law to make disclosures only when necessary to parents, guardians, and persons acting in similar legal status.
- **Health Related Benefits and Services:** With your authorization, we may use and disclose health information to inform you about health-related benefits or services that may be of interest to you, only when we believe that those products or services may benefit you. If the communication is targeted to you individually, it must explain how those products or services relate to your health. Any communication that you receive from the practice must identify it as the source of the communication, inform you if we received payment for making the communication, and contain instructions on how you may remove yourself from further communications about such health-related products and services.
- **Reminders:** With your authorization, we will contact you with reminders regarding appointments, treatments, or additional reminders that we deem necessary.
- **Individuals Involved in Your Care:** Unless you object, your information may be used to notify or assist the notification of a family member or personal representative of your location, general condition, or death. If you are present or make your preference known in advance, you will have the opportunity to object to this type of use or disclosure. If you are unable to decide or if it is an emergency, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

#### CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

- **Clinical Records:** We keep clinical records consisting of, but not limited to, initial and subsequent assessments, current plan of treatment, identification data, consent and authorization forms, pertinent medical history, pertinent physical examinations (if any), SOAP notes, and progress notes. Any use or disclosure of clinical records requires your Authorization unless the use or disclosure falls under any of the categories listed above under, "HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION."
- **Marketing Purposes.** You may receive information directly from the practice to inform you about health-related benefits or services that may be of interest to you, if we believe the services may benefit you. As health care providers, we will not use or disclose your PHI to third-parties for marketing purposes without your consent.
- **Sale of PHI.** As health care providers, we will not sell your PHI in the regular course of our business.

#### CERTAIN USES AND DISCLOSURES REQUIRE THE OPPORTUNITY TO OBJECT

- **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety.

## RIGHTS REGARDING YOUR HEALTH INFORMATION

- **The Right to Request Limits on Uses and Disclosures.** You have the right to ask our practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We consider all requests for restrictions carefully, however, we are not required to agree to your request.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- **The Right to Choose How to Receive PHI.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
- **The Right to Inspect and Copy.** You have the right to get an electronic or paper copy of your medical record and other information that we have about you. This request does not include inspection and copying of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to laws that prohibit access. If you request copies, we have up to 30 days to respond to your written records request (with an additional 30-day extension). We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 60 days of receiving your written request, and we may charge a reasonable cost-based fee for doing so.
- **The Right to Request an Accounting of Disclosures.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. Your request must indicate a time period and can be no more than 6 years from the date of the request. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. We will provide this at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
- **The Right to Request Amendment.** If you believe the health information that we have about you is incorrect or incomplete you may ask us to amend the information. You have a right to request amendment as long as the information is kept by the practice, if we determine that the record is inaccurate. We may deny your request if you ask us to amend information that was not created by us or if the person or entity that created the information is no longer available to make an amendment, if it is not a part of the information kept by the practice, is not a part of the information which you are permitted to inspect and copy, if the information is deemed accurate and complete or for other reasons. If denied, we will tell you why in writing within 60 days of receiving your request.
- **The Right to Obtain a Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

- The Right to Choose a Representative. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your healthcare information.
- The Right to Opt Out of Communication. You may opt out of communication in any form. This may limit or prohibit what services can be provided.
- The Right to Revoke an Authorization. You have a right to revoke an authorization at any time in writing and full disclosure will then cease. In this case, future services may be limited or terminated as necessary based on what we deem is an appropriate response.
- The Right to File a Complaint. If you believe your rights have been violated, you may file a complaint by contacting me in writing at the office information listed on page one or by filing a complaint with the HHS Office for Civil Rights, by calling HHS, or reporting online at [www.hhs.gov](http://www.hhs.gov). We will not retaliate against you for filing a complaint.

#### CHANGES TO THIS NOTICE

We can change the terms of our Privacy Practices and this Notice, and changes will apply to all health information we have about you as well as any information that we receive in the future. If we change this notice, we will provide current patients with a new notice. The new Notice will be available upon request, in our office, and on our website.

#### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 30, 2022.

#### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices.