



NOTICE OF PRIVACY PRACTICES

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

As a Hope Clinic & Care Center, Inc. patient, some of your health information is collected and maintained by this clinic. The clinic is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The clinic is required to follow the terms of this Notice. We may, however, change our privacy practices and the term of this Notice in the future, and those changes may affect all health information maintained by the clinic. If our privacy practices change, you will be mailed a new Notice.

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

Treatment: We will use and share your health information to ensure you are provided medical treatment and services. For example, The clinic may share your health information with a doctor or hospital that is providing your health care, if you sign a release of that information. The clinic is a free and charitable medical clinic so you will receive no bills for the care we provide ourselves.

Health Care Operations: We will use and share your health information for clinic operations necessary to make sure our clients receive quality care. For example, the clinic may share your health information with an outside contractor to review hospital and doctors' records to assess the care you received.

Future Communications: We may use your health information to mail you information on health care programs and health care choices. Legal Requirements: We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others. Research: Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

Patient Responsibilities: The clinic expects all patients, including you or your family members:

- To provide accurate and complete information concerning your present complaints, past illnesses, hospitalizations medications and other matters relating to your health.
- To make it known whether you do or do not clearly understand the course of your medical/spiritual care and treatment plan and what is expected of you.
- To review and comprehend the clinic policies on patient's rights and responsibilities.
- To ask for clarification if you do not understand any policy, form, questions, procedure, diagnosis, treatment, prognosis or recommendation.
- To accept the consequences of deliberately refusing to follow the recommendation of a physician, or his designate.
- To be considerate and respectful of the clinic visitors, other patients and all property areas.
- To recognize the impact that your lifestyle may have on your personal health and accept the consequences for the outcomes if you do not follow the care, service or treatment plans.
- To show up for your scheduled appointments, or to call and reschedule within a timely manner.

YOUR HEALTH INFORMATION RIGHTS:

Right to See and Get a Copy of Your Health Information: You may see and get a copy of your health information and billing records by making a written request to the clinic's medical records department at this address. We can only provide those records that were created for or on behalf of the clinic. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action.

Right to Request that We Correct Your Health Information: If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to the clinic's Medical Director. In certain cases, the clinic may deny your request to amend your information.

Right to a List of Disclosures Made of Your Health Information: You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized the clinic to share your information. Your request must be in writing to the clinic's Medical Director.

PATIENT RIGHTS AND RESPONSIBILITIES:

Hope Clinic & Care Center, Inc., is completely staffed by volunteers. This is a free healthcare service. You are expected to pay nothing. We believe every person is made in the image of God. We will treat all patients with respect. Our time with you today is an expression of



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our love for Jesus to show He cares for you. The Volunteers at the clinic express love and care for the world and know that it honors God. It is our desire to address your healthcare needs to the best of our ability with the resources we have. We attempt to treat the complete person not simply physically, but emotionally, mentally, socially and spiritually. It is important for you, the patient, to understand that we can best help you with illness when we consider you as a complete person. All services at the clinic are free. We do not pay for certain services outside of the clinic at hospitals, laboratories, consultants' offices or other healthcare provider facilities. You will be instructed upon discharge what services we may pay for (if services are needed and prescribed). We consider it a privilege to serve you through the clinic and we have adopted the following statement of patient rights. This list includes but is not limited to the following:

As a patient you can expect:

- To be treated with respect, with courtesy with consideration and in a safe environment.
- To be informed of your rights as a patient in advance of, or when discontinuing the provision of care. You may appoint a representative to receive this information should you so desire.
- To be offered prayer and/or spiritual counseling. The acceptance of the free medical care and services of the clinic does not obligate any patient to accept prayer or spiritual counseling.
- To receive quality care regardless of age, sex, race, religion, disability, sexual orientation, diagnosis, economic or educational background.
- To actively participate in the development and implementation of your plan of care (physical, spiritual, emotional, mental and social aspects), and actively participate in the decision making process, including the right to refuse care.
- To have your personal privacy maintained at all times
- To have confidential treatment of all communications and records pertaining to your care.
- To be free of all forms of abuse, harassment and coercion.
- To be free of seclusion or restraints not medically necessary.
- To be informed of outcomes of care, including potential outcomes.
- To receive information regarding your care (diagnosis, treatment plan, risks, benefits and alternative, and prognosis) in a manner that you can understand.

As a patient you are responsible for:

- Treating other patients with respect at all times.
- Treating your doctor and other caregivers with respect at all times.
- Keeping all scheduled appointments and arriving on time, or providing at least 24 hours of notice if a cancellation needs to be made.
- Telling your doctor and care team the truth about your health and any changes to your current condition.
- Asking questions if you do not understand what your doctor or other caregivers are telling you about your care, procedures, diagnosis, or treatment.
- Telling your doctor or other caregivers if you cannot or will not complete what they ask of you as part of your treatment plan. You understand you are responsible for what happens to your health if you do not comply with your doctor's requests or if you deny treatment.

Health Oversight Activities: We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections. Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation. Workers Compensation: We may share your health information with programs that give benefits for work-related injuries or illness.

National Security and Intelligence Activities: We may share your health information to authorized federal officials for activities related to national security and special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information to the correctional institution or law enforcement official or the purposes of health care or safety.

Appointment Reminders: We may call, write, or leave a message to remind you of scheduled appointments or the need to make a routine appointment. We may also call, write, or E-mail to notify you of other treatments or services available that might help you.

Other Uses and Disclosures: In some limited situations and if certain conditions are satisfied, we may also use or disclose your information without your permission. Such uses or disclosures are:

- for health related research;
- disclosures of de-identified information for reasons identified by the Executive Director or Medical Director;
- disclosures of a "limited data set" for research, public health, or health care operations.