

**HOPENET, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
*Effective April 14, 2003*  
*Revised September 26, 2011*

**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.**

A federal regulation, known as the “HIPAA Privacy Rule” requires that we provide detailed notice in writing of our privacy practices.

**I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

It is our goal at HopeNet to give you the highest quality care and to have a relationship with you that is built on trust. This trust includes our commitment to respect the privacy and confidentiality of your protected health information.

The HIPAA Privacy Rule requires that we protect the privacy of any health information that identifies an individual or where there is reasonable basis to believe the information can be used to identify an individual. This information is called “*Protected Health Information*” (PHI). This Notice describes your rights and our obligations regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of PHI about you;
- Inform you of our legal duties and privacy practices with respect to PHI;
- Inform you of your rights with regard to your PHI;
- Comply with the terms of our notice of privacy practices that is currently in effect.

**We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If we make a material change to this Notice, we will post this information and provide you with a copy of the revised notice upon your request.**

**II. HOW WE MAY USE AND DISCLOSE (SHARE) YOUR PROTECTED HEALTH INFORMATION**

**A. PERMITTED USES AND DISCLOSURES**

The uses and disclosures described in this section may be made with your one-time consent for treatment. Federal law specifically permits these types of uses and disclosures without requiring us to obtain a written authorization from you. However, in most cases we will seek to obtain your authorization as described below.

**Treatment:** We may use or disclose your protected health information to provide, coordinate, or manage your treatment and related services. This includes consulting with other treatment providers, physicians, and HopeNet staff providing treatment to you. In certain circumstances, and with your permission, we may share your information with family members or friends who are directly involved in your care.

- In an effort to protect all clients' right to privacy, HopeNet staff seek to obtain signed authorization from you prior to disclosures to other professionals, agencies, family or friends.

**Payment:** We may use and disclose your protected health information to obtain payment for the services we provide.

- We anticipate that such disclosures would occur on a very limited basis since payment for services is due prior to each session and services will not be rendered without prior payment. HopeNet does not collect reimbursement from health insurance companies or other similar third-party payors (e.g. HMOs, Medicaid, or Medicare).

**Healthcare Operations:** We may use or share protected health information for activities that are needed to operate our facility and carry out our mission. Examples of healthcare activities include quality assessment and improvement activities, staff training and evaluation, licensing or credentialing activities, and auditing functions. In some circumstances we may share information with outside parties who perform these healthcare operations or other services on behalf of HopeNet ("business associates"), such as attorneys, auditors, and consultants. When this occurs, we require these business associates to take steps to keep your health information private.

**Keeping You Informed:** We may use or disclose your information in order to remind you of appointments, to inform you when staff may need to cancel or reschedule appointments, or to tell you about other services that might be of benefit to you.

## B. OTHER USES AND DISCLOSURES NOT REQUIRING WRITTEN AUTHORIZATION

HopeNet will use and disclose health information without your authorization only in an emergency or when we are required to do so by state or federal law. When we determine that we must use or disclose information, unless prohibited by law, we will do the following: (1) attempt to contact you before using or disclosing this information, if it is reasonable to do so; (2) maintain an accounting of the disclosures and uses made for the purposes listed in the section below; and (3) upon your request, provide you with access to that accounting.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose information about you in limited circumstances to prevent a threat to the health or safety of a person or to the public. This may include taking action to initiate hospitalization, requesting emergency assistance transportation to a psychiatric facility, or exercising a legal duty to warn or take action regarding imminent danger to others. Disclosures for this purpose can be made only to a person who is able to help prevent the threat.

**As Required by Law:** We may use or disclose personal health information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. We may also disclose information for the mandatory reporting of child and elderly abuse or neglect, and as otherwise required by law.

**Health Oversight Activities:** We may disclose protected health information to a health oversight agency (e.g. Kansas Behavioral Sciences Regulatory Board, U.S. Department of Health and Human Services) when requested for oversight activities including investigations, licensure and disciplinary activities, and other activities conducted by these agencies to monitor compliance with certain laws.

**Judicial and Administrative Proceedings:** We may use or disclose protected health information when required by a court or administrative tribunal order. We may also disclose information in response to

subpoenas, discovery requests, or other required legal processes when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

**Worker's Compensation:** We may disclose protected health information as authorized by worker's compensation laws or other similar programs that provide benefits for work-related injuries or illness.

### C. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR AUTHORIZATION

All other uses and disclosures of personal health information will be made only with your written authorization. If you have authorized us to use or disclose information about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

In very limited circumstances, HopeNet staff may maintain personal health information in the form of Psychotherapy Notes. "*Psychotherapy Notes*" are notes which are kept separate from the rest of your client file and are given a higher degree of protection than other protected health information. A specific written authorization is required for the release of Psychotherapy Notes.

### III. YOUR PRIVACY RIGHTS AS A CLIENT:

Under federal law, you have the following rights regarding personal health information about you:

**Right to Inspect and Copy:** You have the right to inspect or obtain a copy of the protected health information about you in certain records that we maintain. This does not include Psychotherapy Notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy personal health information only in limited circumstances. If we deny your request, we will inform you of the appeal process available to you. To make a request, ask staff for the appropriate request form.

**Right to Amend:** You have the right to request that we amend your protected health information as long as such information is kept by or for our office. We are not required to amend the record if it is determined that the information is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask staff for the appropriate form.

**Right to Request Restrictions:** You have the right to request additional restrictions on the protected health information we may use or disclose for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members who may be involved in your care. We do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask staff for the appropriate request form.

**Right to Receive Confidential Communication:** You have the right to request and receive confidential communications of your protected health information in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. We are required to accommodate reasonable requests. To make a request, ask staff for the appropriate request form.

**Right to Receive an Accounting of Disclosures:** You generally have the right to receive an accounting of certain disclosures we have made regarding your protected health information. However, that accounting does not include disclosures that were made for the purposes of treatment, payment, or

healthcare operations, In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask staff for the appropriate request form.

**Right to a Paper Copy:** You have the right to obtain a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically.

#### **IV. COMPLAINTS**

If you think that we have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you to speak to us. If you present a complaint, your services will not be affected in any way. To file a complaint with us, please contact our Privacy Officer at the address and number listed below.

If you are not satisfied with the response you receive from us, you may also send a written complaint to the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint or assisting in an investigation.

Office for Civil Rights  
U.S. Department of Health and Human Services  
601 East 12<sup>th</sup> Street – Room 248  
Kansas City, MO 64106  
(816) 426-7278 (816) 426-7065 (TDD)  
(816) 426-3686 Fax

#### **V. PRIVACY OFFICER CONTACT INFORMATION**

If you have any questions or complaints about our privacy practices, please contact our Privacy Officer:

HopeNet, Inc.  
Jo Lynn Bright  
Program Director  
2501 E. Central  
Wichita, Kansas 67214  
(316) 684-4673 Phone  
(316) 684-0937 Fax