



***NOTICE OF PRIVACY
PRACTICES FORM***
Effective September 23, 2013

TO OUR CLIENTS: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OUR COMMITMENT TO YOUR PRIVACY:

Our clinic is dedicated to maintaining the privacy of your health information. **Hope Women's Center (HWC)** is required by law to maintain the confidentiality of your health information. **HWC** realizes that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances:

The following circumstances may require us to use or disclose your health information:

- **Treatment:** to provide, coordinate or manage your health care and related services. **HWC** may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. **HWC** may use or disclosure protected health information about your treatment activities to another health care provider.
- **Health Care Operations:** **HWC** may use or disclose protected health information to allow us to improve the quality of care **HWC** provides and to reduce health care costs, which may include training programs for our staff.
- Cooperating with outside legal entities.
- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by a law enforcement official.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. **HWC** will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

- **Communications:** You can request that **HWC** communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that **HWC** contact you at home, rather than work. **HWC** will accommodate reasonable requests.

- **You can request a restriction** in our use or disclosure of your health information for treatment or health care operations. Additionally, you have the right to request that **HWC** restrict our disclosure of your health information to only certain individuals involved in your care, such as family members and friends. **HWC** is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- **You have the right to inspect** and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official.
- **You may ask us to amend** your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official. You must provide us with a reason that supports your request for the amendment.

Right to a copy of this notice: You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our Privacy Official.

Right to file a complaint: If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to provide an authorization for other uses and disclosures: Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

In accordance with the standards of implementation specifications of 45 C.F.R. § 164.524, Provider may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set.

The designated record set that is subject to access by an individual is the Medical Records.

The titles of the persons or offices responsible for receiving and processing requests for access by individuals are as follows:

- **Privacy Official:** also uses protected health information for the following reasons: (you may opt out of this authorization). Special initial authorization is required and attached for the purposes of marketing; internal referral board, testimonials, pictures on bulletin board, sending newsletters or information unrelated to healthcare and other marketing materials.

If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Official at:

Hope Women's Center
 2740 Virginia Parkway, Suite 200
 McKinney, TX 75071
 (972) 562-4673
 Monday – Thursday, 9:00 am – 4:00 pm

A message may be left for our Privacy Official any time the clinic is open and your call will be returned within 7 business days.