

*NOTICE OF PRIVACY
PRACTICES*



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.

If you have any questions about this Notice please contact us at the address or phone number listed on the last page of this Notice.

This Notice of Privacy Practices describes how we, Hope Network and Affiliates¹, may use and disclose your protected health information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Certain Hope Network Affiliates may be considered “substance use disorder treatment programs” and governed by specific Federal law - the Confidentiality of Substance Use Disorder Patient Records regulations set forth at 42 C.F.R. Part 2 (“Part 2”). Part 2 imposes restrictions on use or disclosure of substance use disorder records and would generally prohibit the disclosure of that information, except in certain specific circumstances, without your consent or a court order.

We are required by law to maintain the privacy of PHI, to provide you with and abide by the terms of this Notice of Privacy Practices, which sets forth our legal duties and privacy practices with respect to PHI, and to notify you in the event of a breach of your unsecured PHI. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. The new notice will be available upon request, in our office and programs, and on our web site.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information for Purposes of Treatment, Payment and/or Health Care Operations (TPO)

Your PHI may be used and disclosed by your case manager and our office staff for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of Hope Network. This section does not permit disclosure of substance use disorder information unless permissible under Part 2.

Following are examples of the types of uses and disclosures of your protected health care information that Hope Network is permitted to make. These examples are not meant to be exhaustive, but do describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

For example, we would disclose your PHI, as necessary, to a case management agency that provides care to you. We will also disclose PHI to physicians who may be treating you. For example, your PHI may be provided to ensure that your physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI on occasion to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician or case manager, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that Community Mental Health (“CMH”) or your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For example, obtaining approval for employment services may require that your relevant PHI be disclosed to CMH or the health plan to obtain approval for payment for the services you are seeking. Information may be released to another agency providing health care services to you in order for that agency to receive payment for services.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of Hope Network. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, accreditation, certain marketing communications, fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to a state Adult Foster Care licensing consultant for purposes of periodic license audit. We may also call you by name over the intercom when your ride has arrived. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third party “business associates” who perform various activities (e.g., billing, transcription services) for Hope Network. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract with that company which contains terms that will protect the privacy of your PHI. With respect to substance use disorder information protected by Part 2, we will not share such information with these types of third parties unless we obtain a qualified service organization agreement with each individual or entity having access to your substance use disorder information.

Subject to the limitations on marketing activities described below, we may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services, which may be of interest to you. We may use your name and address to send brochures and other marketing information about Hope Network and its Affiliates to you.

For example, your name and address may be used to send you a newsletter about Hope Network and the services we offer. Subject to the limitations on marketing activities described below, we may also send you information about products or services that we believe may be beneficial to you. You may opt out of receiving any of these communications, at any time, by contacting your service line Privacy Official and requesting that these materials not be sent to you. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2.

We may use or disclose your demographic information and the dates that you received services, as necessary, in order to contact you for fundraising activities supported by our agency. You may opt out of receiving these fundraising communications, at any time, by contacting your service line Privacy Official and requesting that these fundraising materials not be sent to you. We will not put personal information about you in a brochure without your written authorization. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Without your written authorization, we will not make any of the following uses and disclosures of your PHI:

Psychotherapy Notes. Unless permitted or required by applicable

laws, we will not make any use or disclosure of psychotherapy notes (to the extent recorded by Hope Network) without your written authorization.

Marketing. Unless permitted or required by applicable laws, we will not make any use or disclosure of your PHI for marketing purposes without your written authorization. In other words, without your authorization we will not send communications to you about a certain product or service to you that encourages you to purchase or use that product or service. Please note, however, that if you have not opted out of receiving them, we may send you: (1) communications about Hope Network and its Affiliates; (2) communications to provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed to you, but only if any financial compensation we receive for making that communication is reasonably related to our cost to make that communication; and (3) communications regarding a certain product or service for the purposes of treatment and health care operations without your authorization, if we do not receive any financial remuneration for making the communication. If we do receive financial remuneration for a communication sent for the purposes of treatment and health care operations, then we must have your written authorization, and the authorization must disclose to you the remuneration we received.

Sale of Protected Health Information. Unless permitted or required by applicable laws, we will not make any use or disclosure of your PHI that constitutes a sale of personal health information without your written authorization, and the authorization, if obtained, must disclose to you the remuneration we would receive from such a sale.

Other Uses and Disclosures. Unless permitted or required by applicable law as described below, we will not make any other uses or disclosures of your PHI without your written authorization.

Substance Use Disorder Information. Unless permitted or required by Part 2, we will not make any use or disclosure of your substance use disorder information.

Revocation of Authorization. In the event you authorize us to use or disclose your PHI for one or more purposes, you may revoke any such authorization, at any time, in writing, except to the extent that Hope Network has already taken an action based on an existing authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your Hope Network case manager or physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. We may use and disclose your PHI in the following instances. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2.

Facility Directories: Unless you object, when we are satisfied of a legitimate need to know, we will use and disclose in our facility directory your name and the location at which you are receiving services, and to our pastoral services department, your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name, and under circumstance allowed by state law.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, we will try to obtain your acknowledgement that you have received a copy of the Hope Network Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose your PHI if we attempt to obtain a signed authorization from you but are unable to do so due to substantial communication barriers and Hope Network staff determine, using professional judgment, that you intend to authorize the use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your authorization. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2. These situations include:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We will disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we will disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We will disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We will also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on Hope Network premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and Hope Network created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq. of the Federal Register, applicable to Public Law 104-191.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in your record for as long as we maintain the PHI. A "record" contains medical and billing information and any other documents that Hope Network staff use for making decisions about you. Any request from you to inspect and/or obtain a copy of PHI must be made in writing.

Under federal law, however, you may not inspect or copy 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 law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact your service line Privacy Official if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Except as set forth in the following paragraph, Hope Network is not required to agree to a restriction that you may request. If we believe it is in your best

interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your Hope Network case manager does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your Hope Network case manager. You may request a restriction through the Hope Network Intake Coordinator at initial intake, or your service line Privacy Official.

Notwithstanding the terms of the preceding paragraph, if you have paid for services out-of-pocket, and in full, and you request that we do not disclose your personal health information relating solely to those services to a health plan, we are required to accommodate that request, unless we are required by applicable law to make such a disclosure.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to your service line Privacy Official. Examples: Foreign language, Braille, sign language, large print, audio, video.

You may have the right to have your PHI amended. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your service line Privacy Official if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices or disclosures for which you have signed an authorization. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Confidentiality of Substance Use Disorder Patient Records Under Part 2

The confidentiality of substance use disorder information is protected by Federal law set forth under Part 2. We are required to comply with these restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside of Hope Network that you participated in a substance use disorder treatment program or disclosing any information that identifies you as suffering from a substance use disorder. Some exceptions to this general rule include:

- The disclosure is permitted by a specific court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure relates to a crime that was committed on treatment program premises
- The disclosure is with your written consent

The violation of Part 2 is a crime. If you suspect a violation you may file a complaint as explained below or notify the appropriate authorities.

4. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Hope Network or any of our employees. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer for further information about the complaint process at:

Privacy Officer
3075 Orchard Vista Drive, SE.
Grand Rapids, MI 49548
(616) 301-8000 or toll free at (800) 695-7273
privacy@hopenetwork.org

¹ "Hope Network" includes member affiliates, which are wholly owned corporations and joint venture partnerships held by Hope Network. Hope Network and its member affiliates have designated themselves as a single covered entity for purposes of HIPAA's Security Standards and Privacy Rule.



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