



HopeWest

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 this information carefully.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- There are both Federal and State laws about protecting your medical information. If a State law is more protective or provides you with greater access to your information, then we will follow State law.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Run our organization

We can use and share your health information to run our practice, ensure that you receive quality care, assess the quality of your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Health Information Exchange

We currently use Quality Health Network (QHN) for the electronic sharing of healthcare information. If you need medical treatment in other places, QHN allows doctors or hospitals to contact us about your care. If you do not want us to share your information on QHN, please let us know in writing or during the enrollment or admission process.

Other Uses and Disclosures

We may also use or disclose your information for certain purposes such as:

- Help with public health and safety of you and others, including to report immunizations.

- When required by law to report suspected abuse, neglect, or report crimes.
- For workers' compensation reasons when allowed by law.
- To respond to audits.
- As requested by a court order.
- For health research if certain conditions exist.
- To coroners, funeral directors, or organ donation organizations.
- If state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Contact you to provide appointment updates, we may leave voice messages unless you tell us not to.
- Share information in a disaster relief situation.
- Include your information in a hospice directory.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Students

- Students/interns in health service-related programs work with us from time to time to meet their educational requirements or to get health care experience. These students may observe or participate in your treatment or use your health information to assist in their training. If you do not want a student or intern to observe or participate in your care, please let us know.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 30 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Special rules regarding disclosure of psychiatric, substance abuse, and HIV/AIDS

Federal and State laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you that may include information governing alcohol and drug abuse information, genetic information, as well as state laws that often protect the following types of information:

- HIV/AIDS
- Mental Health
- Genetic testing/tests
- Alcohol and drug abuse
- Sexually transmitted disease and reproductive health information

- Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the HopeWest Privacy Officer.
- You may also file a complaint with the Department of Health and Human Services at the below address or using the OCR online portal:

**Centralized Case Management Operations
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201**

Portal:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

We will not retaliate against you for filing a complaint.

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all protected health information that we maintain, including any information created or received before issuing the new Notice. If we change this Notice, we will post the new Notice in common areas throughout our facility, and on our website.

Contact

If you have any questions, need further assistance, or would like to submit a request about this Notice, you may contact our Privacy Officer for additional information:

**(970) 241-2212
3090 N. 12th St, Unit B
Grand Junction, CO 81506**

Effective Date of this Notice

This Notice is effective as of April 1, 2024