

# Hope & Help Notice of Privacy Practices

**Effective Date: July 18, 2025**

The Hope & Help Notice of Privacy Practices (Notice) describes how medical information about you, or your dependents, may be used and disclosed, and how you can access this information. Please review it carefully.

## Our Responsibilities

It is our responsibility to:

- Maintain the privacy and security of your health information.
- Follow the duties and privacy practices described in this Notice.
- Provide a copy of this Notice and it will be available to you if you have any questions or concerns.
- Use or share your information only as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- Notify you promptly if your information has been compromised.

To learn more about your rights under HIPAA, please visit the [Department of Health and Human Services website](#).

## Your Health Information Rights

### Access to Records

You can ask to receive an electronic or paper copy of your medical record and other health information. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

In rare circumstances, we may deny your request along with an explanation. If we deny your request, you may request a review by another health care professional, who will be chosen by Hope & Help and we will comply with the outcome of the review.

### Amend Your Medical Records

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 not be able to change your records, but we'll tell you why in writing within 60 days.

## **Request Restrictions**

You can ask Hope & Help not to share your health information for treatment, payment or health care operations. You can also request a restriction of release to people involved in your care. For instance, you can request that we do not share information about a procedure or treatment.

We are not required to agree to your request, but we will try to do so and will let you know if we can. If we do agree to the restriction, we will comply with it unless the information is needed to provide treatment.

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 comply with your request unless a law requires us to share that information.

## **Requests for Confidential Communications**

We may communicate with you through email, text messages, phone calls, and our patient portal. Emails, text messages or electronic communications outside of our portal may not be encrypted or secure and could be intercepted by another person or organization. We will assume you understand these risks if you provide us with a mobile phone number or email address to communicate with you.

You can always ask us to contact you about health matters in a way that makes you feel comfortable. For example, you can ask that we only contact you at work or by mail. We will comply with all reasonable requests.

## **Corrections to Protected Health Information**

If you believe the information we have is incorrect or incomplete, you may request an update.

Hope & Help will review the request and notify you of our decision in writing. If approved, Hope & Help will update the information. We will also make a reasonable effort to notify people to whom the information was released.

In case we deny the request, Hope & Help will provide the reason for the denial within 60 days and instructions on how to appeal the decision.

## **Accounting of Disclosures**

You can ask for a list of the times we've shared your health information for six years prior to the date you ask, whom 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). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Personal Representatives**

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.

### **How might Hope & Help use and share my information?**

**We may use and share your health information for the following purposes and examples:**

- **To ensure you get the best treatment possible.** We will share details of your diagnosis and treatment information with your other health care providers. We will share diagnosis and treatment information with Health Information Exchanges so that you don't experience unnecessary delays in your care when you are treated by providers who participate in those exchanges. You can contact the Medical Records Department to prevent your information from being shared with Health Information Exchanges. We will share your diagnosis and treatment information within Hope & Help as needed to provide the best care possible.
- **To receive payment for the services we provide.** We give your insurance company information so they can pay us for the services provided to you. Planned treatments may be shared so that we can get approval for your needed services.
- **To improve the delivery of our care and operations.** We may use all or part of your health information to improve treatment methods. We will use your health information to offer the best services to our patients. We may share your health information with our business partners to evaluate our services, programs, and facilities.
- **To inform you of health-related services and benefits:**
  - so that you know about new Hope & Help services or locations
  - to send you educational materials about your illness or condition
  - to announce the addition or departure of a doctor or other care provider
  - to remind you about appointments and prescription refills

- to tell you about special events and fundraising activities
- **To collaborate with other health care organizations and providers.** We do this to coordinate and provide care, reduce costs, improve quality, and provide increased value for the services we provide. Examples of these partnerships are:
  - Clinically Integrated Networks (CIN),
  - providing services at other health care organizations, and
  - other Organized Health Care Arrangements (OHCA).

### **What information might we share without you agreeing or objecting?**

- **If required by law.** If federal, state or local laws require us to share your health information, we are compelled to do so.
- **Public health purposes.** We may share your health information for public health activities. Public health activities are things such as:
  - preventing or controlling disease, injury or disability
  - reporting births and deaths
  - reporting reactions to medications or problems with products
  - notification of recalls of products a person may be using
  - notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- **Abuse or neglect.** We may share protected health information with a public health authority or other government authority that is authorized by law to receive reports of abuse, violence or neglect.
- **Health oversight activities.** We may share your health information with an oversight agency for activities authorized by law. Examples are audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws and regulations.
- **To avert a serious threat to health or safety.** Hope & Help may use or disclose your health information when necessary to prevent a serious threat to the health and safety of the public, another person, or you.

- **Organ and tissue donation.** If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate donation and transplantation.
- **Workers' compensation.** We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Military and veterans.** If you are a member of the armed forces, Hope & Help may release your health information as required by military command authorities.
- **Judicial and administrative proceedings.** We may share your health information in response to a court or administrative order, subpoena, discovery request or other lawful process by someone else involved in the dispute.
- **Coroners, medical examiners and funeral home directors.** We may release your health information to a coroner or medical examiner. For example, this may be necessary to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors to carry out their duties.
- **Correctional institutions.** We may share or release your health information with a correctional institution or law enforcement official if you are in their custody. This is necessary to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional institution.
- **National Security and Intelligence activities.** We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and others.** We may share your health information to government law enforcement, so they may provide protection to elected constitutional officers, heads of state or conduct investigations.
- **Law enforcement.** We may share your health information if asked to do so by law enforcement officials:
  - trying to identify or locate a criminal suspect, fugitive, material witness or missing person investigating a crime.
  - investigating a death, we believe may be the result of suspicious conduct.

- in necessary circumstances to report a crime — including the location, victims, or the identity, description, or location of the person who committed the crime.
- **Research.** We conduct and participate in many research activities. All research projects must be approved through a special review process to protect patient safety, welfare and privacy. The review process determines whether the request for your information has met federal and state requirements to protect your information.

### **What health information may Hope & Help use and disclose if you do not object?**

**Marketing.** Hope & Help may use your health information to send you educational materials related to your illness or condition, to advise you about certain treatment alternatives related to your illness or condition, or to tell you about certain health-related benefits and services related to your illness or condition. We will never sell your health information unless you give us written permission.

**Fundraising.** We may contact you for fundraising purposes, but you can tell us not to contact you again.

**Family members and others involved in your health care.** We may share your health information with your friend(s) or family member(s) involved in your medical care. We will do so if give us permission or, if in our professional judgement, it is in the best interest of your health.

**Disaster relief.** We may disclose health information about you to organizations assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

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.

### **What about other uses of my health information?**

Uses and disclosures of your health information not covered by this Notice or federal or state laws that protect your health information will be made only with your written authorization.

### **Can I revoke my authorization to disclose information?**

If you authorize us to use or disclose your health information, but you change your mind, you can revoke your authorization at any time by submitting your request to the Hope & Help Medical Records Office using the contact information below. We will stop sharing your information immediately upon processing your request. However, we will be unable to recall/redact any information we have already shared.

**How do I contact the Hope & Help Medical Records Office?**

You can reach the Hope & Help Medical Records Office at (407) 645-2577, email [clinic@hopeandhelp.org](mailto:clinic@hopeandhelp.org), or contact us by mail at this address:

Hope & Help, Attn: Clinic Manager  
4122 Metric Drive, #800 Winter Park, FL. 32792

**Where can I get a copy of the Notice of Privacy Practices?**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please ask a Hope & Help associate and we will provide you with a copy promptly.

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**What if I believe my health care information rights have been violated and I want to file a complaint?**

We will address every question, comment, or concern promptly. This is a right afforded to you, and Hope & Help will not retaliate against you for filing a complaint. You may file a complaint directly with Hope & Help to resolve any concerns or questions about your health information. The Hope & Help Medical Records Office at (407) 645-2577, email [clinic@hopeandhelp.org](mailto:clinic@hopeandhelp.org), or contact us by mail at this address:

Hope & Help, Attn: Clinic Manager  
4122 Metric Drive, #800 Winter Park, FL. 32792

You may also file your complaint with the Department of Health and Human Services in writing to:

**Office for Civil Rights, U.S. Department of Health and Human Services**  
200 Independence Avenue, SW  
Room 509F, HHH Building

Washington, D.C. 20201

Calling (877) 696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**What if my information is lost or stolen from Hope & Help?**

The Hope & Help Privacy Office will contact you, informing you what information was lost and how best to protect yourself.

**Language Assistance**

Language assistance services are available to you, free of charge.

This Notice of Privacy Practices applies to Hope & Help and all its affiliated companies, facilities, programs, and departments. This includes all employed clinicians and other members of the medical staff.