

## NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice provides information required by law about the duties and privacy practices of Hope Beyond Horizons, and how we may use and disclose your protected health information (PHI). “PHI” is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data, and that may relate to your past, present or future physical or mental health condition. This notice goes into effect February 4th, 2021 and shall remain in effect until modified or amended.

**Uses and Disclosures of PHI.** Hope Beyond Horizons will take all necessary steps to protect your health information and limit its disclosure as described in this notice. Hope Beyond Horizons may use and disclose PHI as permitted by the rules and regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and also with your consent or specific authorization. Following are categories that describe the different ways that Hope Beyond Horizons may use and disclose your PHI.

**For Research Purposes.** Hope Beyond Horizons will not participate in research activities requiring release of consumer confidential information without obtaining prior written informed consent for release of information from you.

**For Treatment Purposes.** Treatment purposes are defined as the provision, coordination or management of your care. An example of this would be, consultations between your therapist and your physician.

**For Payment Purposes.** Payment purposes means activities that Hope Beyond Horizons undertakes to obtain reimbursement for the mental health treatment provided to you, such as determination of insurance eligibility and coverage, obtaining authorization for services, filing of claims and other utilization review activities. It may also include collections actions or legal action to obtain payment of outstanding balances, as necessary.

**Health Care Operation.** Health care operations are defined as functions which facilitate the operation of this practice. For example, we may use your PHI to review and improve the quality of care we provide, for program compliance audits, or to evaluate the competence and qualifications of our professional staff.

**With Your Authorization.** Hope Beyond Horizons may disclose your private health information for purposes not described in this Notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

**Appointment Reminders.** We may use and disclose your PHI to remind you about appointments. We may text or email you appointment reminders if you have consented to our doing so.

**Business Associates.** Hope Beyond Horizons may use and disclose PHI to third party “business associates” that perform various activities on behalf of Hope Beyond Horizons. These business associates may include, but are not limited to, our attorneys for purposes of consultation on legal issues, technology companies that administer our electronic health records or telehealth programs, representatives of the practice’s independent audit firm, or other persons associated with providing services to the practice or you. Hope Beyond Horizons will have in place a written document, signed by a representative of the business associate, that contains terms and conditions that will protect the privacy of your PHI.

**Legal Proceedings.** Hope Beyond Horizons may disclose your PHI in response to a court order or in relation to legal proceedings in which Hope Beyond Horizons or its staff are a party.

**To avert a serious threat to health or safety.** Hope Beyond Horizons may disclose PHI to appropriate authorities when necessary to prevent a serious threat to the health and safety of you or another person.

**Reporting of a Crime or Threats Against Personnel.** Hope Beyond Horizons may disclose PHI to a law enforcement official in the reporting of a crime on the premises or against the practice or the reporting of threats against personnel.

**As Required or Permitted by Law.** Hope Beyond Horizons may use and disclose PHI for purposes required or permitted by law, but only to the extent and under the circumstances provided in that law.

## **Your PHI Rights**

You have the following rights related to your PHI:

- To receive a copy of this Notice of Privacy Practices.
- To request restrictions on certain uses and disclosures of your PHI. This request must be made to us in writing and specify what information you want to limit and what limitations on our disclosure of the information you wish to impose. We reserve the right to accept or reject your request and will notify you of our decision.
- To request that you receive PHI in a specific way or at a specific location. For example, you may request that Hope Beyond Horizons send all correspondence to you at your work address rather than your home address.
- To review and obtain a copy of your PHI that is contained in a designated record as long as Hope Beyond Horizons maintains the PHI, with limited exceptions defined by law. A reasonable fee may be charged for making copies. The request to review and/or obtain a copy of your PHI must be made in writing to the Privacy Officer.
- To request that we amend your PHI that you believe is incorrect or incomplete. The request to amend PHI must be made in writing to the Privacy Officer listed below. We are not

required to change your PHI and will provide you with an explanation if we deny your request for amendment or change.

To receive an accounting of disclosures made of your PHI by Hope Beyond Horizons, unless the disclosures were pursuant to your written authorization or for the purposes of treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. You have the right to receive specific information regarding disclosures that occur on or after February 4, 2021. You may request an accounting of information for up to a maximum of six years, but does not include any uses or disclosures prior to February 4, 2021.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Hope Beyond Horizons or with the Secretary of the Department of Health and Human Services. To file a complaint with Hope Beyond Horizons, contact Brianna Auge at 405-338-7001.

You will not be penalized for filing a complaint.

Hope Beyond Horizons reserves the right to change or amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Practices will apply to all PHI created after the amendment or change. A copy of any revised Notice of Privacy Practices will be made available to you at your next appointment following the revision.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Brianna Auge.