Hope Medical Clinic
P.O. Box 980311
Ypsilanti, MI 49197-0311

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

It is our policy to maintain the privacy of your health information. This notice explains our privacy practices, our legal duties, and your rights concerning your health information. We will follow the privacy practices described in this Notice while it is in effect, beginning 10/6/10, and until we replace it. If we change this Notice and our privacy practices we may make the changes effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a copy of this or future versions of this Notice by contacting the Hope Medical Clinic Office Manager or Clinic Coordinator.

ACKNOWLEDGEMENT OF RECEIPT

We will ask you to sign an acknowledgment that you received this notice. However, your care will not depend on signing the acknowledgement and we will continue to provide your treatment and will use and disclose your health information as necessary within the provisions of this Notice.

YOUR RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions such as certain mental health information. Requests must be in writing and signed by you. You may request a form for this purpose from the office.

Release of Health Information: You may request that we provide copies of your health care information to others. To do so, submit a signed, written request authorizing us to do so. Forms are available. You may revoke your authorization in writing at any time.

Correction: You may ask Hope Medical Clinic to correct health information we have created if the information is wrong or incomplete. Correction requests must be submitted in writing with an explanation of why you want the information changed. Your request may be denied if the information is correct or was not created by Hope Medical Clinic.

Accounting of Disclosures: You have the right to know with whom Hope Medical Clinic has shared your health information, other than within Hope. This right exists for disclosures made on or after June 14, 2003 only. Requests must be submitted in writing and include your signature.

Request Restrictions: You may ask us not to share your health information with certain individuals for certain purposes, including family members who may be involved in your care. To ask for restriction, send you request in writing to Hope Medical Clinic and clearly state with whom you want us to restrict your information and to what extent. Please note, that we are not required to comply with your request if we believe it necessary to share your information.

Confidential Communications: You may specify where and how our staff may contact you, such as only at work or by mail. Submit your request in writing, stating how or where you wish to be contacted.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and may disclose to others health information about you for the following purposes:

Treatment: We may use or disclose your health information to a physician or other healthcare professional who is providing treatment to you (e.g., laboratories, specialists, hospitals). We may also share information with Washtenaw County mental health professionals to access care or help in locating mental health resources if needed.

Appointment Reminders: We will use information about you to remind you of an upcoming appointment via telephone or mail.

Translators: We may share your medical information with translators to assist in scheduling appointments and treating you.

Family and/or Friends: We may share information about you with a family member or friend who you have said is involved in and/or responsible for your care. You have the right to stop or limit the disclosure of information in this way.

Healthcare Operations and Oversight: We may use your information to help assess and/or improve the quality of our services, such as reviewing the competence or qualifications of healthcare professionals, and evaluating clinician and treatment performance

Treatment Alternatives and Health Related Benefits and Services: We may disclose your information to explore and recommend possible treatment options, benefits and services that may exist for you.

Fundraising and Publicity: We may use medical information about you to contact you about opportunities for you to assist in efforts to increase awareness of or to raise money to support Hope Medical Clinic, Inc

As Required by Law: We will share your health information when the law requires us to do so. Applicable circumstances include but are not limited to reporting public health threats such as infectious diseases, reporting suspected abuse, violence or neglect victims, complying with subpoena, summons, and other lawful procedures, and providing information needed for a correctional or other custodial residential entity to provide health care to you or to protect the health and safety of others

Payment: As a free clinic for the uninsured we do not routinely generate claims for payment from others. However, in very rare cases, we may disclose your health information to obtain payment from others for services we provide to you.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have not been maintained while receiving our services, you may file a complaint with Hope Medical Clinic at the address shown on page 1 or with the U.S. Department of Health and Human Services. All complaints must be in writing. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT:

My signature below acknowledges that this notice has been given to me to review and that I have been offered and received a copy if I so desire.

Signature _____ Date _____

Name Printed _____