



Client Name:
Date of Birth:

Notice of Privacy Practices

Revised Effective Date: **February 16, 2026**

WE ARE COMMITTED TO PROTECTING THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION.

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.

This notice of our privacy practices (this “Notice”) explains:

1. How we may use and disclose your health information while providing treatment and services to you.
2. How we will protect your substance use disorder treatment information.
 - Certain health information related to substance use disorder treatment is protected by federal confidentiality law known as 42 CFR Part 2. This federal law provides extra privacy protections beyond HIPAA for records related to substance use disorder treatment at federally assisted programs.
3. What rights you have with respect to your health information. These include the right:
 - To inspect and obtain a copy of your health information.
 - To request that we amend health information in our records.
 - To receive an accounting of certain disclosures we have made of your health information.
 - To request that we restrict the use and disclosure of your health information.
 - To request confidential communication about health information.
 - To receive a paper or electronic copy of this Notice.
4. How to file a complaint if you believe your privacy rights have been violated.

This Notice addresses Health Insurance Portability and Accountability Act of 1996 (HIPAA) protections generally. It also addresses your rights with respect to your substance use disorder treatment records under 42 CFR Part 2 (“Part 2”) and additional privacy practices that may be required under other federal or state law. If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health and substance use disorder information, please call 980-859-2106.

This Notice covers HopeWay Foundation, which is composed of the following entities (referred to as “HopeWay” in this Notice):

HopeWay Foundation, dba HopeWay
HopeWay Wellness, LLC, dba HopeWay Wellness
HopeWay Psychiatry & Associates, LLC, dba HopeWay Psychiatry & Associates

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to protecting the privacy of “protected health information” about you, as that term is defined in the privacy regulations issued under HIPAA. With certain limited exceptions, protected health information is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual. For simplicity, we will refer to protected health information simply as “health information” in this Notice. In most circumstances, HopeWay entities

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may share health information with other HopeWay entities about treatment, payment and health care operations of HopeWay without obtaining your prior authorization and without offering you the opportunity to object.

With respect to your substance use disorder treatment records created, received, or maintained by a federally-assisted Part 2 program at HopeWay (“Part 2 Records”), we protect these records in accordance with Part 2, which generally requires your written consent before disclosing information about your Part 2 Records, except in limited circumstances defined by law.

Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when and why we use and/or disclose your health information.
- We will comply with the provisions of this Notice and only use and/or disclose health information about you as described in this Notice.
- We will provide notice of a HopeWay breach of unsecured health information.

WHO WILL FOLLOW THIS NOTICE?

This Notice applies to the facilities, providers and workforce members of HopeWay including:

- Any health care professional authorized to enter health information into your HopeWay medical record.
- All departments and units of HopeWay.
- All employees, staff, volunteers and other HopeWay personnel.
- All clinics, ancillary provider locations, and other healthcare facilities and administrative offices of HopeWay.

Section I. – HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose health information will fall within at least one of the categories. Except as otherwise set forth in this Notice:

- 1. For Treatment.** We may use your health information to provide, coordinate or manage your healthcare treatment and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your healthcare with others. **For example:** A clinician providing therapy for anxiety may need to know if you have a diagnosis of depression, as this information can impact your treatment plan. The clinician may need to share this information with a prescribing psychiatrist to ensure that any medications are appropriate and safe. Different HopeWay departments may also access your mental health information to coordinate services you may require, such as medication management, group therapy, or psychological testing. We may also disclose your information to external providers, such as outpatient therapists or case managers, who will assist with your care after discharge.
- 2. For Payment.** We may use and disclose your health information to bill and collect payment for treatment and services provided to you by HopeWay. We may also disclose your health information to other providers so they may bill and collect payment for treatment and services they provided to you. Before you receive scheduled services, we may share health information about these services with your health plan(s)



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to obtain prior approval or to determine whether your insurance will cover the treatment. We may also share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumer reporting agencies (e.g., credit bureaus).

For example: If you are receiving treatment for anxiety, we may need to provide your health plan(s) with information about your diagnosis, the services you received (such as individual therapy or psychiatric evaluation), and any supplies used (such as prescribed medications). This health information is shared with our billing agency and your health plan so that we can obtain payment or you can be reimbursed.

3. **For Health Care Operations.** We may use and disclose your health information to conduct activities that are called healthcare operations that allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosures for healthcare operations include the following:
 - Reviewing and improving the quality, efficiency and cost of care that we provide to you and other clients.
 - Evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
 - Providing training programs for students, trainees, healthcare providers or non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
 - Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies like the Joint Commission and the North Carolina Department of Health and Human Services.
 - Cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff, or facilities in a particular field or specialty.
 - Sharing health information with local law enforcement to maintain safety at our facilities.
 - Assisting various people who review our activities. Health information may be seen by doctors reviewing services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
 - Conducting business management and general administrative activities related to our organizations and services we provide.
 - Resolving grievances within our organizations.
 - Complying with this Notice and with applicable laws.
4. **Contacting You.** We may use and disclose health information to contact you about appointments, clinical instructions, surveys, or general communications. We may contact you by mail, telephone, email, or text message when you provide your address, telephone number, email address, or mobile phone number.
5. **De-identified Health Information.** We may use your health information to create “de-identified” information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
6. **Limited Data Set.** We may use your health information to create a “limited data set” (health information that has certain identifying information removed). We may also disclose your health information to a

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business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

7. **Treatment Alternatives.** We may use and disclose your health information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers. **For example:** If you are diagnosed with depression, we may inform you about therapy groups, medication management programs, or other counseling services that may be beneficial to your care.

8. **Electronic Health Information Exchange (HIE).** We may participate in certain HIEs that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in this Notice.
 - If you do not want your electronic medical record to be available to non-HopeWay providers through CareEverywhere or other health information exchanges, you may request to opt out by contacting the HopeWay Health Information Management team and requesting to “opt out of Care Everywhere.” We will use reasonable efforts to limit the sharing of health information in HIEs if you opt out. Opting out will not recall your health information that has already been shared, nor does it affect disclosures required by law, for emergencies, or will it not prevent access to health information about you by other means (e.g., request by your individual providers).
 - If you receive substance use disorder treatment, your records will be handled in accordance with Part 2 when participating in HIEs. You may request that your substance use disorder treatment records not be shared electronically by contacting the Health Information Management department at 980-859-2106 or HIM@hopeway.org to opt out of electronic sharing specific to substance use disorder information. Opting out of electronic sharing of your substance use disorder treatment records does not prevent disclosures that are permitted or required by law, such as those for medical emergencies or court orders.
 - Please note that participation in an electronic health information exchange also lets us see other providers’ information about you for our treatment purposes. Opting out of CareEverywhere at HopeWay will not prevent HopeWay from retrieving information about you from other health care systems. If you do not want those health care systems to share your information, you will need to contact them directly. If you choose not to allow your electronic medical record to be available through CareEverywhere or another health information exchange, another provider who is involved in your care may not be able to retrieve your full medical history electronically.

9. **Business Associates.** There are some services provided in our organization through our business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we have asked them to perform. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

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- 10. Fundraising & Outreach Activities.** We may use limited demographic data (name, address, telephone number, and email) to contact you or your legal representative to raise money for HopeWay and its operations and to inform you about health-related products or services provided by HopeWay or other important updates about HopeWay’s services. In accordance with federal law, we will not use your substance use disorder treatment information for fundraising or outreach activities without your explicit written authorization. You have the right to opt out of receiving these communications at any time. To opt out, please call 980-859-2106 or send your written request to HopeWay, Philanthropy & Marketing Departments, 1717 Sharon Road West, Charlotte, NC 28210.
- 11. Individuals Involved in Your Care or Payment for Your Care.** We may disclose health information directly relevant to your care or payment for your care to a family member, relative, friend, or any other person you identify. We may also use or disclose health information to notify a family member, personal representative, or another person responsible for your care of your location, general condition, or death. Additionally, we may share health information with entities assisting in disaster relief efforts so that your family or other responsible parties can be informed of your status. If you do not want your health information used or disclosed in these circumstances, please contact the Health Information Management department at 980-859-2106 or HIM@hopeway.org.

Section II. – SPECIAL SITUATIONS

We may use and/or disclose health information about you for several circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Except as otherwise set forth in this Notice, those circumstances include:

- 1. As Required by Law.** We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to an order of a court or administrative tribunal.
- 2. To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.
- 3. Public Health Risks.** We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability.
 - To report births and deaths.
 - To report child abuse or neglect.
 - To report reactions to medications or problems with products.
 - To notify people of recalls of products they may be using. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease. To notify the appropriate government authority if we believe an adult client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law. To support public health surveillance and combat bioterrorism.



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4. **Health Oversight Activities.** We may disclose your health information to a federal or state health oversight agency for oversight activities authorized by law.
5. **Law Enforcement.** We may release health information to a law enforcement official for certain law enforcement purposes. For example, we may disclose your health information to report a gunshot wound. However, if you request treatment and rehabilitation for drug dependence from us, your request will be treated as confidential, and we will not disclose your name to any law enforcement officer unless you consent.
6. **Lawsuits and Disputes.** During any judicial or administrative proceeding, we may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
7. **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.
8. **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, we may use health information in preparing to conduct a research project or to see if you are eligible to participate in certain research activities. We may contact you about research studies for which you may be eligible. Any use or disclosure of identifiable health information for research purposes will require your written authorization or an Institutional Review Board (IRB) waiver, as permitted by law. If you do not wish to be contacted to participate in research, please contact the Health Information Management department at 980-859-2106 or HIM@hopeway.org. We will use reasonable efforts to prevent this research contact. Contacting the Health Information Management department will not apply to the use of your health information for research purposes as described above and will not prevent your providers from discussing research with you.
9. **Specialized Government Functions.** We may disclose health information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State.
10. **Workers' Compensation.** We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
11. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

Section III. – OTHER STATE AND FEDERAL LAWS

North Carolina Law. If North Carolina Law requires us to give more protection to your health information than stated in this Notice or required by federal law, we will give that additional protection to your health information. These state law protections apply in addition to, and not in place of, the requirements under HIPAA and Part 2.

We will comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol use. Unless you object in writing, we may release health information related to your mental health to



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other health care providers for treatment, quality assessment and improvement activities, and other permitted purposes, including case management and care coordination, disease management, outcomes evaluation, development of clinical guidelines and protocols, population-based activities and the provision, coordination, or management of mental health, developmental disabilities, and substance use services and other health or related services.

Treatment for Substance Use Disorder. If you receive services from a HopeWay Part 2 Program, the Part 2 Records created, received, and maintained by the Part 2 Program may only be used and disclosed in accordance with Section IV below.

Unemancipated Minors. In North Carolina, if you are under the age of 18, are not married and have not been legally emancipated, you can consent to treatment for certain health care services, such as pregnancy, drug and/or alcohol use, venereal disease, or emotional disturbances, without parent or legal guardian consent. This information will remain confidential, unless your provider determines your parent or legal guardian needs to know this information because there is a serious threat to your life or health, or your parent or legal guardian has specifically asked about your treatment and is authorized by law to receive such information. In situations where an unemancipated minor can legally consent to their own care, parental access to a minor’s health information, including substance use disorder treatment records, may be limited in accordance with federal and state confidentiality laws.

Inspections and Surveys. Our facilities and services are subject to inspection by state and federal agencies and accreditation representatives who may review client health information, which we are required to provide. For example, the State may ask to review records as part of their review of our license or review of a complaint (you may have certain rights to object to review of your record). A licensing board may also review records when evaluating a provider’s qualifications or investigating a matter.

Section IV. – ADDITIONAL REQUIREMENTS FOR PART 2 RECORDS

Federal law protects the confidentiality of Part 2 Records. The following policies apply to Part 2 Records and the term “we” in this Section IV refers to a Part 2 Program. You may provide a single consent for all future uses or disclosures of your Part 2 Records for treatment, payment, and health care operations purposes. If your Part 2 Records are disclosed to a Part 2 program, HIPAA covered entity, or HIPAA business associate pursuant to your written consent for treatment, payment, and health care operations, they may be further disclosed by that Part 2 program, HIPAA covered entity, or HIPAA business associate without your written consent, to the extent the HIPAA regulations permit such disclosure.

Uses and Disclosures of Your Part 2 Records

1. Permitted Uses and Disclosures of Your Part 2 Records Without Your Consent. We are permitted or required to use or disclose your Part 2 Records without your written consent in the following situations:
 - i. To communicate about your diagnosis, treatment, or referral for treatment within our Part 2 Program or with a related entity having direct administrative control over our Part 2 Program;
 - ii. For use internally for our own health care operations, or for related disclosures to our service providers, known as qualified service organizations, who assist us with our operations;



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- iii. To address a medical emergency;
 - iv. To report child abuse or neglect;
 - v. To report a crime on our premises or against our personnel;
 - vi. Pursuant to a lawful court order, as further explained below;
 - vii. For scientific research;
 - viii. For audits or program evaluation;
 - ix. To report to the Food and Drug Administration (FDA) if the FDA asserts a reason to believe that your (or anyone else's) health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction;
 - x. To report a death or other vital statistics, as required under applicable law; and
 - xi. For compliance investigations by the Department of Health and Human Services.
2. Uses and Disclosures of Your Part 2 Records For Which Your Consent Is Required. For all other uses and disclosures of your Part 2 Records not described in this Notice, we must obtain your written consent.
- i. For example, unlike for your general health information under Section I, we will obtain your written consent to disclose your Part 2 Records to other health care providers for treatment purposes or to your health insurance carrier for payment purposes.
 - ii. You may provide a single consent for all future uses or disclosures of your Part 2 Records for treatment, payment, and health care operations purposes.
 - iii. If your Part 2 Records are disclosed to a Part 2 program, HIPAA covered entity, or HIPAA business associate pursuant to your written consent for treatment, payment, and health care operations, they may be further disclosed by that Part 2 program, HIPAA covered entity, or HIPAA business associate without your written consent, to the extent the HIPAA regulations permit such disclosure.

You have the right to revoke your consent in writing at any time, except to the extent that disclosure has already been made based on your prior consent. Please note that if you have signed a consent for us to disclose information from a Part 2 Record to persons within the criminal justice system who have made participation in the Part 2 program a condition of the disposition of any criminal proceedings against the patient or of the patient's parole or other release from custody, your right to revoke consent may be more limited as stated in the consent you signed.

3. We will not use or disclose your Part 2 Records or give any testimony relating the content of such records, in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. When a court order is required, your Part 2 Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the records, where required by law. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Your Rights Under Part 2

In addition to your rights with respect to your health information set forth under Section VI, for Part 2 Records, you also have the right to a list of disclosures by an intermediary for the past 3 years.



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Section V. – OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example, for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety. We will obtain your written authorization before using or disclosing psychotherapy notes or substance use disorder treatment records for any purposes not described in this Notice. You may revoke any such authorization in writing at any time.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

Section VI. – YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

- 1. Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please contact the Health Information Management department at 980-859-2106 or HIM@hopeway.org for instructions on how to submit your written request. If you request a copy of the health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. Under certain situations, we may deny your request in writing, describing the reason for denial and your rights to request a review of our denial.
- 2. Right to Amend.** You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:
 - The health information was not created by HopeWay unless you provide a reasonable basis for us to believe that the originator of the health information is no longer available to make the amendment.
 - The health information is not part of the health information used to make decisions about you.
 - We believe the health information is correct and complete.
 - You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your



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health information. Please contact the Health Information Management department at 980-859-2106 or HIM@hopeway.org for instructions on how to obtain the appropriate form to request an amendment to your record.

3. **Right to an Accounting of Disclosures.** You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures, except the following:
- For treatment, payment, or health care operations purposes.
 - Occurring as a byproduct of permitted uses and disclosures.
 - Made to or requested by you or that you authorized.
 - Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
 - Made for national security or intelligence purposes.
 - Made to correctional institutions and other law enforcement officials.
 - Made as part of a limited data set which does not contain certain health information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the health information, a brief description of the health information disclosed, and the purpose of the disclosure.

You have the right to receive an accounting of disclosures of your health information.

To request this list or accounting of disclosures, you must contact the Health Information Management department at 980-859-2106 or HIM@hopeway.org for instructions on how to obtain the appropriate form.

4. **Right to Request Restrictions.** You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan if the disclosure is for payment or healthcare operations purposes (and is not otherwise required by law) and the health information pertains solely to items or services for which you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization.

You may request restrictions on the use or disclosure of your health information. We will honor your request to restrict disclosures to your health plan if you have paid out of pocket in full for the items or services.

You may request a restriction by submitting the appropriate HopeWay form, which can be obtained by contacting the Health Information Management department at 980-859-2106 or HIM@hopeway.org.

5. **Right to Request Confidential Communications (Alternative Ways).** You have the right to request confidential communications, i.e., how and where we contact you, about your health information. For example, you may request that we contact you at your work address or phone number. Your request must



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be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative means of communications by submitting the appropriate HopeWay form, which can be obtained by contacting the Health Information Management department at 980-859-2106 or HIM@hopeway.org.

- 6. Right to a Copy of This Notice.** You have the right to a paper or electronic copy of this Notice upon request. We will make available a copy of this Notice to you no later than the date you first receive service from us except for emergency services, in which case we will provide the Notice to you as soon as practicable. You may also obtain a copy of this Notice at any time from our website, <https://hopeway.org/privacy-practices>, or from any of the HopeWay facilities listed in this Notice.

Section VII. – CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information that we maintain by:

- Posting the revised Notice at our facilities.
- Making copies of the revised Notice available upon request at HopeWay facilities.
- Posting the revised Notice on our website, <https://hopeway.org/privacy-practices>.

To receive a copy of this Notice in an alternate format, please contact the Health Information Management department at 980-859-2106 or HIM@hopeway.org.

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Revised 05/07/2019

Revised 07/03/2019
Revised 02/03/2020
Revised 05/01/2024
Revised 02/16/2026

Section VIII. – COMPLAINTS

If you believe your information was used or shared in a way that is not allowed under the HIPAA, Part 2, or if you believe your rights were denied, you can file a complaint regarding violations of your privacy rights under HIPAA or Part 2 with HopeWay and with the Secretary of the Department of Health and Human Services. To file a complaint with us, you may call 980-859-2106 or email feedback@hopeway.org. To get information on how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Chief Compliance Officer at 980-859-2106 or visit the U.S. Department of Health and Human Services website (<https://hhs.gov/hipaa/filing-a-complaint/>). *You will not be penalized for filing a complaint.*