



GRACEWOOD'S HOPE FOR FAMILIES NOTICE OF PRIVACY PRACTICES

This notice describes how mental health and treatment information about you may be used and disclosed and how you can get access to this information. Gracewood's Hope for Families program (hereafter referred to as Hope for Families) may use or disclose your protected health information (information that could identify you) for *treatment* and *office administration*. Treatment is when Hope for Families provides, coordinates or manages your mental health care and other services related to such care. Office administration includes any activity that relates to the performance and operation of Hope for Families, including treatment team consultations, program evaluation, and other internal organizational matters.

DISCLOSURES REQUIRING A SPECIFIC AUTHORIZATION

Hope for Families may use or disclose your protected health information for purposes other than those previously listed (*treatment* and *office administration*) when your specific authorization is obtained. A *specific* authorization is written permission that permits only a specific disclosure. You have a right to revoke all such specific authorizations at any time, provided that the revocations are in writing and that these authorizations have not been relied upon for treatment.

DISCLOSURES NOT REQUIRING A SPECIFIC AUTHORIZATION

Hope for Families may use or disclose your protected health information without a specific authorization in the following circumstances:

- Suspected Abuse of a Child, Elderly, or Disabled Person: If a Gracewood or Hope for Families representative has cause to believe that a child, elderly person, or disabled person has been, or may be, abused, neglected, exploited, or sexually abused, that staff member is legally mandated to make a report within 48 hours to the appropriate state or local agency.
- State Licensure Oversight: If a complaint is filed against a licensed Hope for Families representative with the state licensing board connected to their professional licensure, they have the authority to subpoena confidential mental health information from Hope for Families relevant to that complaint.
- Judicial Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. Hope for Families will not release information without written authorization from you or your representative unless court ordered.
- Serious Threat to Health or Safety: If a Hope for Families representative determines that there is a probability of imminent physical injury by you to yourself or others, we may disclose relevant confidential mental health information to medical or law enforcement personnel.



YOUR RIGHTS AS A CLIENT:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Hope for Families is not required to agree to a restriction you request if it would affect your care.
- **Right to Make Choices About What We Share:** You have the right to tell me to share information with your family, close friends, or others involved in your care or in a disaster relief situation. If we are not able to communicate your preferred contact person, Hope for Families may share your information if we believe it is in your best interest (e.g., if it is needed to lessen a serious and imminent threat to health or safety).
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of your protected health information by alternative means and at alternative locations. For example, you may not want a family member to know that you are receiving services from Hope for Families. If necessary, Hope for Families could send written communications to an alternative address upon your request.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a paper or electronic copy (or both) of your protected health information in our mental health records for as long as your protected health information is maintained in the record. Access to such information may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, Hope for Families will discuss with you the details of the request and denial process. Some charges or fees may apply for copies of records made on your request.
- **Right to Amend:** You have the right to request an amendment or correction of your protected health information in the record. Hope for Families has a right to deny your request. On your request, Hope for Families will discuss with you the detail of the amendment process in writing within 60 days.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of your protected health information for which you have neither provided consent nor authorization for up to six years prior. On your request, a Hope for Families representative will discuss with you the details of the accounting process. Upon multiple requests for an accounting, charges or fees may apply.
- **Right to Power of Attorney:** You have the right to 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. Hope for Families will make sure the person has this authority and can act for you before we take any action.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this notice from a Hope for Families representative upon request.



OUR DUTIES AS A TREATMENT PROVIDER:

- Hope for Families is required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices.
- Hope for Families is required to let you know promptly if a breach occurs that may have compromised the security of your protected health information.
- Hope for Families will never share your information for marketing or fundraising purposes without your written consent. Hope for Families will never sell your protected health information.
- Hope for Families reserves the right to make changes to the privacy policies and practices described in this notice. Unless a Hope for Families representative notifies you of such changes, however, Hope for Families is required by law to abide by the terms currently in effect.
- If Hope for Families revises our policies and procedures, we will provide you with a Revised Notice of Privacy Practices form and post the revised notice on our website.

COMPLAINTS

If you are concerned that Hope for Families has violated your privacy rights or you disagree with a decision made about access to your records, you may contact the Hope for Families program coordinator. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. Hope for Families will provide you with the requisite contact information upon request and will not retaliate against you for filing a complaint.



GRACEWOOD

A Children At Heart Ministry

**GRACEWOOD'S HOPE FOR FAMILIES
CONSENT TO USE & DISCLOSE HEALTH INFORMATION**

I, _____, acknowledge that I have received and reviewed Hope for Families' Notice of Privacy Practices. I understand that Hope for Families is required to notify me about their privacy practices and to have me consent to such practices. When Hope for Families examines, tests, diagnoses, treats, or refers me, I understand that they will be collecting protected health information about me. I understand that the information collected will be used to determine and implement my treatment plan. I understand that my information may be shared with others as detailed in the Notice of Privacy Practices and I provide my consent for Hope for Families to use my information for these purposes.

***Note:** If you do not sign this form agreeing to our privacy practices, we may not be able to treat you. If you are concerned about your protected health information, you have the right to request in writing that we not use or share some of it for treatment or administrative purposes. However, we are not required to accept these limitations. After you have signed this consent, you have the right to revoke it in writing by contacting the Hope for Families program coordinator.*

CLIENT/LEGAL GUARDIAN SIGNATURE

DATE

HOPE FOR FAMILIES REPRESENTATIVE SIGNATURE

DATE RECEIVED

Home, Hope, and Healing

www.gracewood.org

(713) 988-9757