

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE READ IT CAREFULLY.

As a Hopelight Medical Clinic (HMC) patient some of your health information is collected and maintained by this clinic. The clinic is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The clinic is required to follow the terms of this Notice. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may affect all health information maintained by the clinic. If our privacy practices change, you will be mailed a new Notice.

Each time you visit HMC, a record of your visit is created. This record usually contains your name and other information that may identify you, your symptoms, examination and test results, diagnoses, treatment, plan for future health care, and financial information. This record is sometimes referred to as your “medical record” or “medical chart.” This record allows:

- Doctors, nurse practitioners, physician’s assistant, medical assistants, referral coordinators, nurses, and other health professionals to review your medical records and to plan your treatment;
- HMC to obtain payment for services we provide to you, such as from Medicaid, Medicare, or you; and
- HMC to measure the quality of care provided to you.

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

**Treatment:** We will use and share your health information to ensure you are provided medical treatment and services. For example, Hopelight Medical Clinic may share your health information with a doctor or hospital that is giving you health care.

**Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give Medicare or Medicaid Programs the information it requires before it will pay us.

**Health Care Operations:** We will use and share your health information for clinic operations necessary to make sure our clients receive quality care. For example, Hopelight Medical Clinic may share your health information with an outside medical provider to review hospital and doctors’ records to assess the care you received.

**Future Communications:** We may use your health information to mail you information on health care programs and health care choices.

**Legal Requirements:** We will share health information about you when required to do so by federal or state law.

**To Avoid Harm:** We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.

**Research:** Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

**Public Health:** We may share your health information with public health agencies to prevent or control the spread of diseases.

**Health Oversight Activities:** We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

**Lawsuits and Disputes:** We may share your health information in response to a valid judicial or administrative order.

**Workers Compensation:** We may share your health information with programs that give benefits for work-related injuries or illness.



## Notice of Privacy Practices

**Coroners, Medical Examiners and Funeral Directors:** Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation.

**National Security and Intelligence Activities:** We may share your health information to authorized federal officials for activities related to national security and special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information to the correctional institution or law enforcement official for the purposes of health care or safety.

**Other uses or sharing of your health information will be made only with your written authorization.**

### YOUR HEALTH INFORMATION RIGHTS:

**Right to See and Get a Copy of Your Health Information:** You may see and get a copy of your health information and billing records by making a written request to Hopelight's medical records department at this address. We can only provide those records that were created for or on behalf of Hopelight. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action.

**Right to Request That We Correct Your Health Information:** If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to Hopelight's Medical Director. In certain cases, the clinic may deny your request to amend your information.

**Right to a List of Disclosures Made of Your Health Information:** You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized the clinic to share your information. Your request must be in writing to the clinic's Medical Director.

**Right to Request That Your Health Information Be Communicated in a Confidential Manner:** You may request, in writing to the Hopelight's Medical Director that your health information be provided in a confidential manner, such as sending mail to an address other than your home. The clinic will honor reasonable requests.

**Right to Request That We Not Use or Share Your Health Information:** You have the right to request that we not use or share your health information for treatment, payment, or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request must be in writing to the Medical Director, and we will consider your request but we are not legally required to accept it.

**Right to a Copy of the Notice:** You may ask for a copy of this Notice anytime.

### FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the

Medical Director at: Hopelight Medical Clinic, 1351 Collyer St., Longmont, CO 80501 303-776-7117

All complaints must be submitted in writing. You may also contact the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. This Notice is effective as of March 25, 2015.

**I authorize Hopelight Medical Clinic to contact me in the following manner (check all that apply):**

Contact consent may be revoked in writing at any time and all future disclosures will cease. However, Hopelight will continue to communicate with you based on your preferences below even if your phone numbers change unless you specify otherwise.

**Home telephone number** \_\_\_\_\_

\_\_\_\_ (initials) Okay to leave message on voicemail or with family member containing detailed health information

OR

\_\_\_\_ (initials) Okay to leave message with clinic name and callback number only

**Cellular telephone number** \_\_\_\_\_

\_\_\_\_ (initials) Okay to leave message on voicemail, with family member or by text message containing detailed health information

OR

\_\_\_\_ (initials) Okay to leave message with clinic name and callback number only

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge receiving and reading a complete copy of the Notice of Privacy Practices of Hopelight Medical Clinic on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I further acknowledge that, as of today's date, I have no questions regarding the Notice of Privacy Practices.

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Signature of Patient

Signature of Staff

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Printed Name of Patient

Printed Name of Staff

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient