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## **HIPAA NOTICE OF PATIENT PRIVACY PRACTICES**

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

This notice give you information required by the health insurance portability and accountability act of 1996 (HIPAA) that prescribes legal duties and privacy practices to protect the privacy of your individual identifiable health information, this is protected health information (PHI), as that term is defined in the HIPAA.

Rays of Hope, LLC is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain while providing our services to you. Such information may include documenting your self-report of physical and emotional symptoms, examination and test results, diagnoses, treatment and applying for future care of treatment. It also includes billing documents for those services.

The effective date of this notice is January 2010. Rays of Hope is required to follow the terms of this notice until it is replaced. Rays of Hope may make changes to the terms of this notice at any time. Upon your request, we will provide you with a copy of the current notice. Rays of Hope reserves the right to make the changes apply to your information maintained in your files before and after the effective date of the new notice. The following is a general description of how Federal and State law permits me to use and disclose your information.

### **Your Health Information Rights**

The records we maintain are the physical property of Rays of Hope. The information in it belongs to you. You have a right to request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request to obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office during normal business hours. By this request you will be allowed to inspect and copy your health record and billing information. Additional restrictions on use and disclosure of your information may apply. You may exercise this right by delivering the request in writing, to our office using the form we provide to you during normal business hours. Rays of Hope is permitted, by law, to charge you a fee for copying any documents requested in accordance with your rights as listed above. (Fee \$1.00 per page).

You may request that your health record be amended to modify incomplete or incorrect information by delivering a written request to our office using the form we provide to you during normal business hours. If your request is denied, you may file a statement of disagreement with our Privacy Officer, with the reason for the amendment included. You may obtain an accounting of disclosures of your health information as required by law. An accounting will not include

internal uses of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.

### **Our Responsibilities**

Rays of Hope, is required to maintain the privacy of your health information as required by law. We will abide by the terms of the Notice Form. We will always accommodate your reasonable requests regarding methods to communicate health information with you. We do reserve the right to amend, change or eliminate provisions in our privacy practices. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office.

### **To Request Information or File a Complaint**

If you have questions and would like additional information or want to report a problem regarding the handling of your information, you may contact the Privacy Officer. If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the Privacy Officer. You may also file a complaint with the Secretary of Health and Human Services. You must file a complaint within 180 days of when you knew or should have known that the act or omission occurred, unless the time limit is waived by the secretary of DHHS. We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving care or treatment. We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.

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### **Other Disclosures and Uses**

Unless you object in writing, we may use or disclose your protected health information to notify or assist in notifying family members, personal representatives or other persons responsible for your care about your location and about your general condition or your death. Using our best judgment or in an emergency, we may disclose to a family member, other relative, close personal friends or any other person you identify, health information relevant to that person's involvement in your health or legal authorities charged with preventing or controlling disease, injury or disability as required by law. We may disclose your protected health information to public authorities to report abuse or neglect as allowed by law. We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions, or to the extent, an individual is in the custody of law enforcement. We may disclose to the correctional institution or agents your protected health information necessary for your health and the health and safety of other individuals if you are an inmate of a correctional facility.

We may disclose your protected health information to appropriate health oversight agencies and for health oversight activities as permitted by federal law. We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization or as directed by a proper court order. We may disclose information to researchers when their research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. We may use and disclose your protected health information to assist in disaster relief efforts. We have business associates with whom we may share your protected health information. For example, in preparing our annual financial statement, auditors may need to review samples of the medical care given. We may disclose your health information to the accounting firm to prepare this material. We may need to share your health information with

Rays of Hope's board members in making determinations to extend treatment beyond the originally decided upon sessions. All business associates sign a letter of confidentiality and are held to the highest professional standards in regards to personal health information.

We may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation. We may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public to avert a serious threat to health or safety. We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes or to public assistance program personnel. Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization. You may revoke the authorization as previously provided.