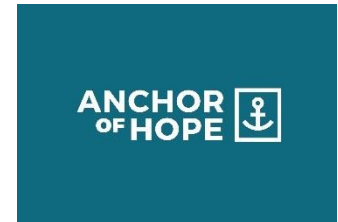


**Anchor of Hope Health Center 920-452-4673**

**1018 S Taylor Dr Sheboygan WI 53081**

**Effective Date of Notice: January 24, 2025**



## **PRIVACY PRACTICES DISCLOSURE**

### **Your Information. Your Rights. Our Responsibilities.**

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

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy disclosure.
- Choose someone to act for you.

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Provide mental health care.
- Market our services
- Raise funds.

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you.
- Run our organization.
- Help with public health and safety issues.
- Do research or Comply with the law.
  
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.

- Respond to lawsuits and legal actions.

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record.**

- You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, by home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information.**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.
- We will include all the disclosures except those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy of the paper promptly.

### **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.
- We will make sure the person has this authority and can act for you before we take any action.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of medical or client advocate notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

- **Treat you.** We can use your health information and share it with other professionals treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.

#### Help with public health and safety issues.

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research:

We can use or share your information for health research.

#### Comply with the law:

We will share information about you if applicable state or federal laws require it.

**Work with a medical examiner or funeral director:**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:**

We can share health information about you in response to a court or administrative order or in response to a subpoena, as required by law.

**Our Responsibilities**

- We abide by applicable state and federal laws to maintain the privacy and security of your health information.
- We follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this notice, which will apply to all information we have about you. The new disclosure will be available upon request in our office.