

Psychiatric Care, Medication Management, Counseling, and Psychotherapy Services

PRIVACY POLICY

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND MADE KNOWN, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your private healthcare information may <u>not</u> be released for any other purpose than that which is identified in this notice.
- Your private healthcare information may be released to your insurance company for the purpose of reimbursement.
- Your private healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence.
- Your private healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your private healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or problematic event to a biological product (food or medication).
- Your private healthcare information may be released after receiving written permission from you. You may withdraw your permission to release private healthcare information at anytime.
- You may be contacted by Hopewell Behavioral Health, PLLC or anyone directly in its employ, to remind you of any appointments, healthcare treatment options, or other health services that may be of interest to you.
- You have the right to limit the use of your private healthcare information. However, Hopewell Behavioral Health, PLLC may choose to refuse your limitation if it is in conflict of providing you with quality healthcare or in the event of a crisis or emergency.
- You have the right to receive private communication about your health status.
- You have the right to review any/all portions of your healthcare information.
- You have the right to know who has accessed your private healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Hopewell Behavioral Health, PLLC is required by law to protect the privacy of its patients. We will provide patients with a list of duties or practices that protect private healthcare information.
- Hopewell Behavioral Health, PLLC will abide by the terms of this notice. We reserve the rights
 to make changes to this notice and continue to maintain the privacy of all healthcare information.
 Patients will receive a mailed copy of any changes to this notice within 60 days of making the
 changes.
- You have the right to complain to the office of Hopewell Behavioral Health, PLLC, if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to:

Office Manager Hopewell Behavioral Health, PLLC PO Box 334 Statesville, NC 28687-0334