

Privacy Policy

Effective Date: 01/09/2025

Power of Hope, MA ("we," "our," or "us") is committed to protecting your privacy. This Privacy Policy explains how we collect, use, disclose, and safeguard your information when you visit our website (the "Site") or use our services. By accessing or using our Site, you consent to the practices described in this Privacy Policy.

How We Collect Information About You

Power of Hope and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voicemails, and from the submission of applications that are either required by law or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that are considered patient confidential, restricted by law, or specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information:

Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between HHSN and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to verify your medical information is accurate and determine the type of medical supplies or health care services you need. This is including, but not limited to, or to obtain or purchase any type of medical supplies, devices, medications, or insurance.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect:

We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.powerofhopema.com) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited a diabetes website simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of HHSN. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without the client's express advance permission. You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

If you have any questions please email our office at
support@powersofhopema.com

NOTICE OF PRIVACY PRACTICES

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

Power of Recovery as described as “Power of Hope, MA” is required by law to maintain the privacy and confidentiality of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Please also respect the privacy of others you encounter in treatment.

Power of Hope, MA collects health information about you and stores it in an electronic health record. This is your medical record. The medical record is the property of Power of Hope, MA, but the information in the medical record belongs to you. The Health Insurance portability and Accountability Act (HIPAA) requires Power of Hope, MA to maintain the privacy of your medical record. HIPAA generally requires that any uses or disclosures of information in your medical record be limited to the minimum necessary to the purposes of the uses or disclosures. HIPAA also provides you certain rights with respect to the information in your medical record which are described below.

Information relating to your treatment at Power of Hope, MA is protected by federal regulations specific to drug and alcohol treatment, which are known as 42 CFR Part 2. These regulations protect the confidentiality of information relating to the identity, diagnosis, prognosis, or treatment of any patient in a drug or alcohol treatment program. Power of Hope, MA may not disclose records relating to your treatment without your written consent, except in narrowly limited circumstances. Under 42 CFR Part 2, the terms of a written consent to disclose information must specify the scope and types of information to be disclosed, the parties to whom the information may be disclosed, the

purpose of the disclosure and the timeframe of the consent. You may revoke a consent to disclose information relating to drug and alcohol verbally or in writing at any time.

Power of Hope, MA may ask for your written consent to disclose treatment information for certain purposes, including releasing treatment information to or obtaining information from your other medical providers, obtaining payment from insurance or other payors, contacting your family either for treatment purposes or in the case of a medical or other emergency. Power of Hope, MA will not disclose your treatment information for these purposes without your consent.

Power of Hope, MA may disclose treatment information without your written consent under certain narrow circumstances as permitted by 42 CFR Part 2. For treatment purposes, Power of Hope, MA is permitted to use and disclose treatment information internally and to entities with which it shares administrative control. Power of Hope, MA is permitted to share treatment information as necessary with qualified service organizations that agree to maintain the confidentiality of the information. Power of Hope, MA also may disclose treatment information to outside auditors, regulatory agencies, and evaluators and for certain research purposes. Power of Hope, MA may disclose treatment information without your written consent, when necessary, in a life-threatening medical emergency and may disclose to rePower of Hope, MA at a crime on the premises or against Power of Hope, MA personnel. Power of Hope, MA also may disclose patient information without consent where the state mandates child abuse and neglect reported when cause of death is being reported; or when required by a valid court order that contains specific required findings. Power of Hope, MA may contact you to share information about Power of Hope, MA's treatment services or to send you reminder notices of future appointments for your treatment.

I. Your Health Information Rights

In addition to protecting privacy and confidentiality, HIPAA and 42 CFR Part 2 afford you the following rights with respect to your medical record and drug or alcohol treatment information:

1. You have the right to a paper copy of this written notice of Power of Hope, MA 's privacy practices. 2. You have a right to request a copy of your treatment record or to receive your health information through a reasonable alternative means or at an alternative location. Power of Hope, MA requires that all such requests be put in writing. A reasonable fee will be charged for copying your health information.
2. You have a right to request that Power of Hope, MA amend health information that is incorrect or incomplete. If Power of Hope, MA determines not to amend the health information, it will provide you with an explanation of the reason for the denial and your rights to disagree with the denial.
3. You have a right to request restrictions on otherwise permitted uses and disclosures of your health information. Power of Hope, MA is not obligated to comply with such requests.
4. You may request that we provide you with a written accounting of all disclosures made by us during a specific time period (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made with your written consent for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

II. Changes to this Notice of Privacy Practices

Power of Hope, MA reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until amendment is made, Power of Hope, MA is required by law to comply with this Notice. Should our privacy practices change, we will provide all current and future patients with a copy of the revised Notice of Privacy Practices

Effective 1/6/2025

III. Complaints Regarding Privacy Practices

Complaints about this Notice of Privacy Practices or how Power of Hope, MA handles your health information should be directed to:

Director of Quality Management & Compliance

Power of Hope, MA

10 Elm St. Unit #2

Danvers, MA 01923

support@powerofhopema.com

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to one of the following:

Department of Health and Human Services

Office of Civil Rights

200 Independence Avenue, SW Room 509F, HHH Building

Washington, DC 20201

You may also address your complaint to one of the regional U.S Department of Health and Human Services Offices for Civil Rights. A list of these offices can be found online at: <https://www2.ed.gov/about/offices/list/ocr/addresses.html>

Thank you for trusting Power of Hope, MA to protect your privacy.