HOPE CHARITIES

HIPAA PRIVACY POLICIES AND PROCEDURES

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations, 45 CFR § 164.520, Hope Charities, Inc., d/b/a Hope for Hemophilia, hereby issues this notice of its privacy policies and procedures.

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

Please be advised that Hope Charities, Inc. ***does not*** satisfy the definition of a 'covered entity' as defined by 40 CFR § 160.103. Accordingly, Hope Charities, Inc. ***is not required*** under federal law to abide by or be in compliance with the Rules and Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act.

However, due to the value we place on the individuals who apply for assistance with our organization and in accordance with the trust placed in our organization, Hope Charities has adopted privacy guidelines to protect applicants' personal information consistent with the framework pursuant to the Health Insurance Portability and Accountability Act by the Department of Health and Human Services.

TYPES OF INFORMATION THAT MAY BE OBTAINED AND POTENTIAL DISCLOSURES/USES:

(1) Demographic Data: Information that is obtained that will identify you, those in your household, as well as provide sufficient information to locate you.
   a. Correspondence related to your application;
   b. Verification of qualifying facts related to your application and the relevant facts for any program operated by Hope Charities for which you are applying;
   c. Correspondence related to future and ongoing organizational events;

(2) Diagnosis/Existence of Chronic Illness: Information related to or otherwise substantiating whether you or someone in your household has a qualifying chronic illness.
   a. The name and location of your treating physician;
   b. The name and location of any specialty pharmacy or other facility that is providing prescription medication or other treatment for your chronic illness;

(3) Information related to the specific need that is the subject of your request.
    a. Name and location of creditor/vendor/payee;
    b. Nature of the subject need;
    c. Itemized billing information related to the request;
(4) Financial Information
    a. An itemized financial statement;
    b. Tax returns;
    c. Pay stubs;
    d. W-2's, 1099's or any other documentation that verifies wages/earnings/income;
(5) Information related to representation of a minor, interdicted individual or anyone on whose behalf you are providing protected information.
    a. Examples:
        i. Birth Certificate;
        ii. Legal Custody Paperwork;
        iii. Power of Attorney;
        iv. Letters of Curatorship/Guardianship
    b. Possible Uses:
        i. Verification of Authority for purposes of authorizing the receipt and disclosure of Protected Health Information on the part of Hope Charities;
        ii. Verification of application;

PURPOSES FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

(1) Verification of application;
(2) Verification of income and/or financial need;
(3) Communication with Specialty Pharmacy;
(4) Communication with any referring agency;
(5) Communication with any party who is directly related to your request, as stated in any application. For example, a landlord, mortgagee, utility company, bank or other financial institution, lender or any other party who is directly involved or related to your request with Hope Charities;
(6) Present and future communication between applicant and Hope Charities.

USES AND/OR DISCLOSURES THAT REQUIRE EXPRESS AUTHORIZATION:

(1) Psychotherapy notes, unless the use is to carry out treatment or payment by the originator of the notes;
(2) Marketing, unless the marketing is face-to-face communication between Hope Charities and the patient or is the providing of a gift of nominal value provided by Hope Charities. Please be advised that pursuant to your signed application, you have already expressly authorized Hope Charities to place you on our mailing list for physical and electronic transmission of Hope Charities literature. This includes, but is not limited to promotional emails, invitations to Hope Charities' sponsored events and the Hope Factor magazine. If you wish to be removed from our mailing list, you must provide a request, in writing, to Hope Charities;
(3) Sale of Protected Health Information;

LIMITATION ON DISCLOSURES:

Please be advised that based upon certain program limitations and other regulatory provisions that govern the administration of Hope Charities' assistance programs, Hope Charities reserves the right to refuse disclosures, in its discretion and in accordance with state and/or federal law.

REVOCATION OF AUTHORIZATION:

You have the right to revoke the authority for Hope Charities to use and/or disclose any protected health information, in writing, at any time. Such revocation will not result in any liability on the part of Hope Charities, Inc. for any use and/or disclosure that preceded the *receipt* of the notice of revocation on the part of Hope Charities. Hope Charities will have no responsibility to mitigate or take any action related to any authorized disclosures made in the time period preceding the receipt of the written notice of revocation.

RIGHTS OF APPLICANT:

You have the right to the following:

(1) You have the right to request restrictions on certain uses and disclosures of protected health information. Hope Charities will attempt to honor such requests, however, certain uses and disclosures may be a prerequisite for your application and could invalidate your application for benefits with Hope Charities;

(2) You have the right to receive confidential communications of protected health information, as provided in §164:522(b);
(3) You have the right to inspect and copy protected health information, in the custody of Hope Charities;
(4) To amend protected health information;
(5) To receive an accounting of disclosures of protected health information;
(6) To obtain a copy of this Notice, upon request;
(7) To lodge a complaint with Hope Charities related to the handling, processing, use or disclosure of protected health information. Such a complaint should be forwarded to the Privacy Compliance Officer or any other designated officer of Hope Charities. The contact information for Hope Charities can be found on our website at www.hope-charities.org.
(8) There will be no retaliation for lodging such a complaint.

MEASURES ADOPTED BY HOPE CHARITIES TO SAFEGUARD PROTECTED HEALTH INFORMATION:

(1) Hope Charities is dedicated to maintaining the privacy of protected health information;
(2) Hope Charities will provide reasonable notice of its privacy practices;
(3) Hope Charities will reasonably notify affected individuals of any breach of unsecured protected health information;
(4) Hope Charities will reasonably abide by the terms of the notice currently in effect;
(5) Hope Charities reserves the right to modify or adjust its Privacy Policies and Procedures. In the event any such change or modification creates a material change in Hope's policies or procedures, an applicant will receive notice of the change by email or first class mail within sixty (60) days of the adopted change;

EFFECTIVE DATE: The provisions of this notice shall go into effect on February 1, 2026. This Notice was reviewed on January 21, 2026.