



PATIENT HANDBOOK


hopebridge[®]
Autism Therapy Centers

Welcome to Hopebridge!

We are excited that you have chosen us to be your bridge to a life full of hope! All of the questions and concerns you have about your child may feel overwhelming, but you can rest assured that Hopebridge will offer the support you need.

As true pediatric specialists, Hopebridge is committed to providing personalized care for children and families touched by autism or other disabilities, helping both live the best life possible. At Hopebridge, we know that children with special needs require extraordinary care. By taking advantage of our services, we guarantee that your child will be in the best of hands and will receive the individual attention that he/she deserves.

You will receive a patient binder where you will find a Hopebridge Treatment Plan for your family. This personally designed care plan will serve as a roadmap to a future filled with possibility. Consolidating treatment recommendations, progress reports and resources for you and your child will allow you to follow your child's experiences every step of the way and celebrate each achievement with them. You will also be able to keep resources that are provided to you in an organized fashion.

We encourage you to use this binder in order to make your experience at Hopebridge as meaningful as possible. Bringing the binder to every appointment will allow for better communication between you and your therapists. By taking it to your doctor appointments, our therapists and your physicians will also have a clear way to communicate and coordinate care.

If you ever have a question or concern, don't hesitate to reach out to one of our staff members. We are here for you.

All the best,

A handwritten signature in black ink that reads "Kim Strunk". The signature is fluid and cursive, with the first name "Kim" and last name "Strunk" clearly distinguishable.

Kim Strunk,
Founder and Chief Clinical Officer

What to Expect

- You will receive a reminder call the day before your appointment. However, if you need to reschedule for any reason, please provide at least 24 hours' notice so that another child can benefit from our services during that time.
- Please sign in at the reception desk and notify the receptionist of any changes to your address, phone number or insurance.
- Your therapist will meet you in the lobby. If you have any questions while you are waiting please feel free to ask the receptionist.
- We encourage your participation in therapy sessions. Due to privacy for all of our clients, we will need to arrange this in advance. *Please coordinate in advance with the person providing therapy for your child, we will not be able to accommodate more than 2 people.*
- The comfort of your child is of the utmost importance during their time at Hopebridge. Treatment is a valuable, individualized tool that we use in guiding your child to achieve functional independence. Our therapists will ensure you are a part of your child's individualized treatment plan. After each session, your child's therapist will meet you in the lobby to discuss treatment, along with any other questions or concerns you may have in a private consultation room. Family and caregiver support will aid in your child's developmental success.
- There is a fee for copies of the medical records and prepayment may be required. The fees are \$20.00 for the first 1-10 pages, \$0.50 per page for pages 11-50 and \$0.25 per page for pages 51 and higher. I also understand that an additional fee, as allowed under state law, can be charged for all expedited requests.
- All employees of Hopebridge are mandated by law to report any abuse or neglect or any suspected abuse or neglect of the child. These reports will be made to state Child Protective Services and will remain confidential.

Overview of Therapies

Our highly-trained therapists strive to meet the needs of every child, based on a process that identifies what is best in terms of treatment. Placing the child and family at the center of the circle of care, Hopebridge360™ combines the methods and expertise of behavior analysts, occupational therapists, physical therapists, and speech and language pathologists to serve the complex needs of each child. If your child is receiving multiple services, we will participate in team meetings to ensure that the multiple facets of your child's care are coordinated.

Regular staffing meetings will be conducted with all disciplines to address the individual needs of every client. Plan of Care (POC) reports are written by the therapist, which are then sent to the referring physician for signature and authorization to continue treatment. These will also be given to you to keep in your Hopebridge Treatment Plan binder.

ABA Therapy

Applied Behavior Analysis (ABA) is a scientific approach used to produce meaningful, socially significant behavior change. By utilizing basic principles of behavior, we can teach new skills and behaviors including communication, social skills, and functional living skills, as well as decrease behaviors such as noncompliance, aggression, self-injury, and stereotypy. Many therapeutic methods, such as Verbal Behavior, Discrete Trial Training, and Incidental Teaching, are grounded in the principles of ABA. ABA has been endorsed by the National Institutes of Health (NIH), the American Academy of Pediatrics, and by the Surgeon General as the most effective treatment for autism.

Hopebridge's ABA program is tailored to the individual needs of each patient and family. Services start with an evaluation to determine targeted areas for intervention. A comprehensive behavioral and skills assessment ensure that goals are selected based on the child's chronological age and developmental needs. Once the Individualized Treatment Plan (ITP) and Behavior Support Plan (BSP) are implemented, progress is monitored, and programmatic changes are determined through an evaluation of the data. Parental involvement is crucial to the generalization and maintenance of skills, and parent training is recommended (and often required by funding sources) to ensure consistency across people and environments. All ABA programs are developed and overseen by a Board Certified Behavior Analyst (BCBA). Frequency and type of service is based on individual needs and funding agency guidelines.

Occupational Therapy

Occupational therapy is skilled treatment that helps individuals achieve independence in all facets of their lives. The word “occupation” means an activity that “occupies” our time. Children’s occupation is play, which provides the building blocks and foundation for learning. Hopebridge provides an environment rich in opportunities for this learning to take place.

Occupational therapy services will address sensory processing as well as fine motor, perceptual, cognitive, handwriting, self-care, feeding and social skills. At Hopebridge, we are committed to providing your child with the highest level of service. Our licensed therapists have experience working with a variety of diagnoses and conditions and participate in ongoing training and continuing education to ensure that we are offering the most current and innovative treatment approaches.

Physical Therapy

Physical therapy is skilled treatment that helps individuals achieve independence in gross motor skills. Children develop their gross motor skills through learning and play. Hopebridge provides an environment rich in opportunities for this learning to take place.

Physical therapy will address strength, mobility, balance, coordination and endurance. At Hopebridge, we are committed to providing your child with the highest level of service. Our licensed therapists have experience working with a variety of diagnosis and conditions. Our therapists participate in ongoing training and continuing education to ensure that we are offering the most current and innovative treatment approaches.

Speech Therapy

Speech therapy helps individuals achieve independence in language and communication. Speech therapy will be provided by a licensed speech-language pathologist or a speech-language pathology aid. Therapists are assigned clients based on type of delay/disorder, schedule preference and other relevant factors to provide the best match possible between clients and therapists. At Hopebridge, we are committed to providing your child with the highest level of service. Our licensed therapists have experience working with a variety of diagnoses and conditions and participate in ongoing training and continuing education to ensure that we are offering the most current and innovative treatment approaches.

Safety Care Acknowledgement

Safety Care provides human service, healthcare, and educational organizations the tools to keep people safe while maintaining their commitment to positive approaches in serving individuals whose behavior sometimes poses danger to themselves or others. Our staff have received intensive training in de-escalating techniques to help support the child during crisis or emergency situations. Our focus is on primary preventions in order to meet the needs of the children we serve. However, we do recognize that there could be times in which physical personal protection and aggression management techniques may be required in order to protect the child or others. All Hopebridge ABA therapists have completed Safety Care training with a Safety Care Instructor and have passed all qualifications in becoming certified individually. In the event that physical management techniques must be utilized, a thorough report will be completed by the therapist and submitted for review. They will debrief with a behavior consultant in attempt to identify the function of the behavior and replacement behaviors which can be taught to prevent the behavior from reoccurring. The child's treating therapist will discuss this incidence with you at the time of pick-up.

Attendance Policy

Effective: January 1, 2019

Consistent attendance is critical for the success of your child's therapy. Insurance companies require progress reports as well as information regarding attendance to determine coverage of services. Additionally, missed appointments deny another child the availability to be scheduled in that appointment time. The therapists are committed to the progression of your child's therapy and require regular attendance as outlined in the plan of care that your physician has authorized as medically necessary. Hopebridge maintains the right to exercise the following policies regarding attendance.

1. **NO-CALL/NO-SHOW POLICY:** It shall be the policy of Hopebridge that no more than 2 no-call/no-show appointments in any 90-day period shall be permitted. A reminder letter will be sent to the family for the first missed appointment, a warning letter on the second missed appointment, and a final discharge letter will be sent after the third no-call/no-show appointment. A discharge summary will be sent to the referring physician and notification to the insurance company.
2. **90% ATTENDANCE POLICY:** It shall be the policy of Hopebridge that for continuity of care, regular attendance is expected. The expected attendance shall be 90% of scheduled time. Cancelled appointments that are rescheduled within the same 90-day period will not count against your attendance rate. In addition, it is expected that your child be on time for his/her scheduled appointment. Late arrivals and tardiness in picking up your child affect the quality of care that we can provide. If you are consistently more than 5 minutes late to an appointment or late to pick up your child, you may be at risk of losing your scheduled appointment time.

Hopebridge recognizes that there may be times that an extended absence is necessary due to medical procedures, family emergencies or family vacations. In the case of an absence that is anticipated to be greater than 1 week in duration, your child may be removed from the regular schedule and placed on a priority reserved list. Upon your return, you will be assigned the next available open appointment time. We cannot guarantee the same therapist or schedule. We reserve the right to collect \$25 for every hour missed (as permitted by law).

DEFINITIONS:

No-Call/No-Show: Failure to call Hopebridge to cancel a session or calling after the session was scheduled to begin and/or cancelling a session less than two (2) hours in advance, unless the appointment begins at or before 9:00 am. Cancelled Appointment: Any scheduled appointment in which the patient is unable to attend, but which you have notified Hopebridge more than two (2) hours in advance.

Rescheduled Appointment: Any new scheduled appointment that meets insurance requirements that serves as a replacement for a cancelled appointment.

Extended Absence: Patients who plan to miss more than 1 week of therapy due to medical procedures, family emergencies or vacations, may be removed from the regular schedule and placed on a *Priority Reserve List*. Upon return they will be placed in the next available open therapy appointment.

Staff Cancellations: Please be aware that we make every effort to ensure that your child receives therapy during their original scheduled time. A substitute may be provided if one of our team members is absent, or a make-up session may be scheduled.

Commercially Insured Financial Policy and Agreement

In consideration of the services and treatment delivered by Hopebridge therapists and/or other Hopebridge personnel, **the undersigned guarantees payment of the account for any non-covered services, deductible amounts, coinsurance, and co-payments due for services received at the time of service.** Your insurance company (if applicable) will send you an explanation of benefits, so you will know when your deductible has been met and/or if the amount of out of pocket co-pay/coinsurance has been changed.

Payment is due at the time of service. Hopebridge Insurance and Billing Staff will file your insurance claims for you as a courtesy, even if you have primary and secondary coverage. You will receive a monthly statement after we receive an explanation of benefits from your insurance carrier(s) that outlines the amounts due by the patient and/or responsible party. We do ***not*** charge interest; however, if you skip a payment, a \$20.00 service charge/late fee will be added to the balance due each month a payment is missed. Please call or meet with the Administrative Manager of Patient Accounts, if you need to make payment arrangements. We accept cash, checks, Master Card, and Visa. For your convenience, you may call in a Master Card or Visa payment over the phone. We can assist you in applying for a Care Credit Card account, as well.

It is your responsibility to notify Hopebridge if your insurance carrier changes, your benefits max out, or are capped for the year/lifetime, and as soon as you have a change of address, so that we can bill correctly and in a timely manner. Noncompliance may result in suspension of services for your child.

Notice of Privacy Practices

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.

Health care related information about you is private and is protected by state and federal laws. Hopebridge LLC ("Hopebridge") works hard to respect your privacy and will safeguard your information in accordance with applicable laws and regulations. This Notice of Privacy Practices ("Notice") describes the privacy practices of Hopebridge with respect to your protected health information ("PHI"). This Notice is available to you on our company website at www.hopebridge.com ("Website") and, upon request, at all clinic locations.

I. Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered PHI. We understand that information about you is personal and we are committed to protecting information about you. We are required by law to:

- Maintain the privacy of your PHI
- Give you this notice of our legal duties and privacy practices regarding your PHI
- Notify affected individuals following a breach of unsecured PHI
- Follow the terms of our Notice currently in effect

This Notice explains how, when and why we may use or disclose your PHI. In general, we must access, use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. If we discover a breach of your PHI, we are required to notify you of the breach.

We must follow the privacy practices described in this Notice, though we reserve the right to change the terms of this Notice at any time. We reserve the right to make new Notice provisions effective for all PHI we currently maintain or that we receive in the future. If we change this Notice, we will post a new Notice in our patient forms, clinics and Website. You may request a copy of the Notice from the clinic or obtain the Notice on our Website.

II. How We May Use and Disclose Your Protected Health Information

We access, use and disclose PHI for a variety of reasons. The following section offers more descriptions and examples of our potential access, uses, and disclosures of your PHI. Other uses and disclosures not described in this Notice will be made only with your authorization.

Uses and disclosures relating to treatment, payment, or health care operations. Generally, we may access, use, and disclose your PHI:

- **For treatment.** We may use and disclose your PHI with individuals involved in providing or coordinating your health care. For example, we may disclose PHI to medical doctors, therapists, or other personnel, including people outside of our office, including referring providers, who are involved in your medical care and need the information to provide you with medical care. We may 3500 DEPAUW BLVD., SUITE 3070, INDIANAPOLIS, IN 46268 Toll Free 1.855.324.0885 | www.hopebridge.com also make your PHI available electronically through one or more health information exchanges or

organizations (“HIOs”) to other health care providers, health plans or health care clearinghouses. Our participation in HIOs helps us care for you.

- **To obtain payment.** We may use and disclose your PHI so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may release portions of your health plan information to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. We may release your PHI to the state Medicaid agency to determine your eligibility for publicly funded services.
- **For health care operations.** We may use and disclose your PHI for health care operations purposes. These uses, and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our organization. For example, we may use and disclose information to make sure the counseling you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities. Sharing your PHI through HIOs, as noted above, may also occur as part of our health care operations. Further, we may use and disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the State’s Department of Health or Child Protective Services.
- **For appointment reminders, treatment alternatives, and health related benefits and services.** We may use and disclose PHI to contact and remind you of an appointment with your provider. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Uses and disclosures requiring authorization. For other uses and disclosures not described in this Notice, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization by notifying us in writing. If you revoke your authorization, we will stop the uses and disclosures of your PHI for the purposes or reasons covered by your written authorization as of the date we receive your revocation. Your revocation will not apply to information already released. (See Section VI for instructions on revoking an authorization.) We cannot refuse to treat you if you do not sign an authorization to release PHI, unless services provided are solely to create health records for a third party, like physical exam for an insurance company; or if treatment provided is research-related and authorization is required for the use of PHI for research purposes. We will not sell your PHI or use and disclose your PHI for marketing purposes without your authorization. We will not disclose any psychotherapy notes (as defined by the Health Insurance Portability & Accountability Act) without your authorization.

Uses and disclosures not requiring authorization. The law allows us to access, use, and disclose your PHI without your authorization in certain situations, including but not limited to:

- **When required by law.** We will disclose PHI when required to do so by federal, state or local law. For example, we may disclose PHI in relation to cases of abuse, neglect, domestic violence, and certain physical injuries. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **To avert a serious threat to health or safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Disclosures, however, will be made only to someone who may be able to help prevent the threat. 3500 DEPAUW BLVD., SUITE 3070, INDIANAPOLIS, IN 46268 3 Toll Free 1.855.324.0885 | www.hopebridge.com

- **For public health activities and risks.** We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will only make this disclosure if you agree or when required or authorized by law.
- **Health oversight activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **For research purposes.** In certain circumstances, we may disclose PHI to assist medical research, such as comparing the health and recovery of all patients who received one treatment to those who received another. We will ask for your permission if the researcher will have access to your PHI or will be involved in your care.
- **Relating to decedents.** We may disclose PHI relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.
- **Data breach notification purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.
- **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law enforcement.** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime on our premises.
- **Business associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform informational services on our behalf. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract with the business associate.
- **Workers' compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness

- **Inmates.** An inmate of a correctional institution does not have the rights listed in this Notice.

Uses and Disclosures Requiring You to Have an Opportunity to Object: In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure, and you do not object to such disclosure. However, if there is an emergency and you cannot be given the opportunity to agree or object, we may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests. 3500 DEPAUW BLVD., SUITE 3070, INDIANAPOLIS, IN 46268 4 Toll Free 1.855.324.0885 | www.hopebridge.com

- **To families, friends or others involved in your care.** We may share with your family, your friends or others involved in your care information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.
- **Disaster relief:** In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of notifying your family and friends of your location, condition or death.

III. **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding PHI:

- **Right to inspect and copy your PHI.** You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes or information gathered for judicial proceedings. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee, as permitted by law, for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to request restrictions on your PHI.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a diagnosis or treatment with a spouse. We are not required to agree to your request except in limited circumstances involving certain disclosures to a health plan. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to request confidential communication.** You have the right to request that we communicate with you about medical matters and information in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to amend your PHI.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is

kept by Hopebridge. We are not, however, required to honor your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request in certain circumstances.

- **Right to an accounting of disclosures.** You have the right to request a list of certain disclosures we made of your PHI. We are not required to provide an accounting of disclosures that were made for treatment, payment and health care operations, to you directly, in instances for which you provided written authorization, and in other limited circumstances. Your request for an accounting of disclosures must state a period that may not be longer than six (6) years from the date of your request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the 3500 DEPAUW BLVD., SUITE 3070, INDIANAPOLIS, IN 46268 5 Toll Free 1.855.324.0885 | www.hopebridge.com costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to an electronic copy of electronic medical records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee, as permitted by law, for the labor associated with transmitting the electronic medical record.

- **Right to a paper copy of this Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Website. Paper copies of this notice are available at any of our clinics.

IV. **How to Complain About Our Privacy Practices**

If you think we may have violated your privacy rights or if you disagree with a decision we made about access to your PHI, you may file a complaint with a person listed in Section V below. You may also submit an anonymous complaint by calling (844)-387-1352. You may also file a complaint with the U.S. Department of Health and Human Services and Office of Civil Rights. **You will not be penalized if you file a complaint.**

V. **Contact Persons for Information or to Submit a Complaint**

If you have questions about this Notice or complaints about our privacy practices, please contact:

Kevin Burton, Director, Care and Benefits Coordination
317-376-8303
Email: kburton@hopebridge.com

Stephanie Ratliff, Director, Compliance and Risk Management
317-759-2427
Email: sratliff@hopebridge.com

Hopebridge is committed to an ethical and compliant workplace. To report a complaint or violation, contact the Compliance hotline at: (844)-387-1352, or email at compliance@hopebridge.com. Your report will be confidential unless disclosure is required by law, and anonymous if so desired. You will not be penalized if you file a complaint.

VI. Instructions for Revoking an Authorization:

You may revoke an authorization to access, use or disclose your PHI, in writing, **except:** 1) to the extent that action has been taken in reliance on the authorization or 2) if the authorization was obtained as a condition of obtaining insurance coverage and the insurer is questioning a claim under the policy. Your written revocation must include the date of the authorization, the name of the person or organization authorized to receive the PHI, your signature and the date you signed the revocation. Written revocation 3500 DEPAUW BLVD., SUITE 3070, INDIANAPOLIS, IN 46268 Toll Free 1.855.324.0885 | www.hopebridge.com must be addressed to: Patient Intake Department, Release of Information, 3500 DePauw Boulevard, Suite 3070, Indianapolis, IN 46268. Such revocation will not be effective until received by Hopebridge.

VII. CHANGES TO THIS NOTICE:

We reserve the right to change this Notice and make the new Notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current Notice at our clinics and Website. The Notice will contain the effective date on the last page with the updated dates as stated in Section VIII.

VIII. Effective Date:

This Notice was effective on 4/14/03. This Notice was updated on 12/31/17, 12/7/2018, 09/26/18.

Anti-Discrimination Policy

Hopebridge complies with applicable Federal civil rights laws and does not discriminate on the basis of religion, race, color, national origin, age, disability, or sex.

Español (Spanish): Hopebridge cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

繁體中文 (Chinese): Hopebridge 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Deutsch (German): Hopebridge erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Deitsch (Pennsylvania Dutch): Hopebridge iss willich, die Gsetze (federal civil rights) vun die Owverichkeet zu folliche un duht alle Leit behandle in der seem Weg. Es macht nix aus, vun welle Schtamm ebber beikummt, aus welle Land die Voreldre kumme sinn, was fer en Elt ebber hot, eb ebber en Mann iss odder en Fraa, verkrippelt iss odder net.

မြန်မာစာ (Burmese): Hopebridge မှာ ဗဟိုအစိုးရ နှင့် သက်ဆိုင်သော အများပြည်သူ ရပိုင်ခွင့် ဥပဒေ နှင့် လက်တွေ့

အကျိုးဝင်သည် သာမက လူမျိုး၊ အသားရောင်၊ မွေးဖွားသည့်နိုင်ငံ၊ အသက်၊ မသန်စွမ်းခြင်း၊ သို့မဟုတ် လိင် နှင့် ဖတ်သက်၍လည်း ခွဲခြားဆက်ဆံမှု အလျဉ်းမရှိပါ။

علا كة (Arabic): وقبل ان يذ اوقحلق اة ينندمل ادفلا اومعملل ابه ولا يزمدى لء اأسس ارعلق واللن و Hopebridge تزيلم ال صلا اولطني وأن سلوة قاعلا فسنجل.

한글 (Korean): Hopebridge 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Tiếng Việt (Vietnamese): Hopebridge tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Français (French): Hopebridge respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

日本語 (Japanese): Hopebridge は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Nederlands (Dutch): Hopebridge voldoet aan de geldende wettelijke bepalingen over burgerrechten en discrimineert niet op basis van ras, huidskleur, afkomst, leeftijd, handicap of geslacht.

Tagalog (Tagalog – Filipino): Sumusunod ang Hopebridge sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Русский (Russian): Hopebridge соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

ਪੰਜਾਬੀ (Punjabi): Hopebridge ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਹੱਕਾਂ ਦੇ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦੀ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਸਮਰਥਤਾ, ਜਾਂ ਲਿੰਗ 'ਤੇ ਅਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦੀ ਹੈ।

हिंदी (Hindi): Hopebridge लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।