



**NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT**

**Please sign and date below and return to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.**

Print name of client: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name of person signing: \_\_\_\_\_

If signed by other than client, indicate relationship to client: \_\_\_\_\_

Date: \_\_\_\_\_



## 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.**

**Date of this Notice: April 14, 2003**

**1. About Protected Health Information- "PHI"**

In this notice, "we," "our" or "us" means the J.F. Shea Therapeutic Riding Center and our workforce of employees and volunteers. "You" and "your" refers to each of our clients who is entitled to a copy of this notice.

We are required by federal and state law to protect the privacy of your health information. For example, federal health information privacy regulations require us to protect health information about you in the manner that we describe here. Certain types of health information may specifically identify you. Because we must protect this health information, we call this Protected Health Information- or "PHI." In this Notice, we tell you about:

- How we use your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or with a complaint

**2. Some of the ways we use or disclose your PHI.**

We will use your PHI to treat you. We are allowed to use or disclose your PHI for certain activities that we call "health care operations." Health care operations involve a lot of the administration, education and quality assurance activities at our center. We will give you examples of each of these to help explain them, but space does not permit a complete list of all uses or disclosures. That is one reason why you can contact us and ask us questions.

**Treatment**

We use and disclose your PHI in the course of your treatment. For example, if we need to explain to staff or volunteer a particular situation or need in order to properly care for and treat you. We may also use or disclose your PHI for many other types of treatment activities.

**Payment**

We use and disclose your PHI in connection with payment for services. For example, after we treat you, we will ask our administration to bill you. We may use your PHI on the billing form for your purpose, which may be seen by administrators. We may receive requests from your insurance if you are pursuing an insurance claim. We may use your PHI to fulfill requests from your insurer for what we did to treat you and for treatment notes, and reports.

**Health care operations**

We also use and disclose your PHI in our health care operations. For example our therapists meet to discuss particular client situations for the purpose of education and collaboration. At times we train interns at our Center and we may use your PHI to educate them on your proper care and needs.

**Special uses**

We also use or disclose your PHI for purposes that involve your relationship to us as a client. We may use or disclose your PHI to:

- Provide appointment reminders
- Tell you about treatment alternatives and options.
- Tell you about our other benefits and services
- Ask you to contribute funds to our charitable activities unless you tell us not to ask you



### **Disclosure to relatives, caregivers and personal representatives**

Under appropriate circumstances, we may disclose your PHI to relatives, caregivers or personal representatives who are with you or contact us on your behalf. We may also need to notify such persons of your condition. If you object to such disclosures, please notify us in writing at the address set forth in Section 7 below.

### **Research**

We may disclose limited protected health information about you (but not including your name, address or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information cannot directly identify you from the disclosed information.

### **Your authorization may be required**

In addition to the cases summarized here, we may use or disclose your PHI either with your consent or as required or permitted by law. In all other cases, we will not use or disclose your PHI unless we receive from you written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you later change your mind, you may revoke your authorization by providing us written notice to the address set forth in Section 7 below.

### 3. **Certain uses and disclosures of your PHI that is required or permitted by law**

Many laws and regulations apply to us that affect your PHI. These laws and regulations may either require us or permit us to use or disclose your PHI. From the federal health information privacy regulations, here is a list describing required or permitted uses and disclosures.

- If you do not verbally object, we may include information identifying you on a schedule board posted each day including only your name, required equipment and time you are scheduled
- If you do not verbally object, we may share some of your PHI with a family member or friend involved in your care.
- We may use your PHI in an emergency when you are not able to express yourself.
- If we receive certain assurances that protect your privacy, we may use or disclose your PHI for research

#### We may also use or disclose Your PHI:

- When required by law; for example, when ordered by a court to turn over certain types of your PHI, we must do so.
- For public health activities such as reporting a communicable disease if possible transmission occurs
- To report neglect, abuse or domestic violence
- To the government regulators or its agents to determine whether we comply with applicable rules and regulations
- In judicial or administrative proceedings such as in response to a valid subpoena
- If we reasonably believe that to do so will avert a health hazard or to respond to a threat to public safety such as an imminent crime against another person



4. **Certain stricter requirements that we follow**

Several state laws may apply to your PHI that set a stricter standard than the protections required by the federal health privacy regulations. Stricter state laws in Pennsylvania will, for example, limit us from using or disclosing:

- PHI regarding individuals who are the subject of HIV related information
- Your medical information outside of our center except as provided by Your written permission that is maintained by Us in Your record
- Your PHI to pursue a grievance against certain managed care organizations unless We have Your written consent
- Records that contain alcohol and drug abuse information without your consent
- Your records without your consent or a court order if they contain information relating to inpatient mental health treatment or involuntary outpatient mental health treatment.

5. **Your privacy rights and how to exercise them**

The following lists certain of your specific rights with respect to your PHI under this federally required privacy program.

**Your right to request limited use or disclosure**

You have the right to request that we do not use or disclose your PHI. All such requests must be made in writing. We will consider your request carefully; however, we are not required to agree to your request and it is our general policy to not agree to such requests. If we do agree to your request, we must abide by the agreement.

**Your right to confidential communication**

You have the right to receive confidential communications from us at an alternative location or by an alternative means of communication. Any request must be made in writing, provide us with the alternate address and/or means of communication, and explain to us if the request will interfere with your method of payment for your care.

**Your right to revoke your consent or authorization**

If you have granted us your consent or authorization to use or disclose your PHI, you may revoke the consent or authorization in writing. However, if we have relied on your consent or authorization, we may use or disclose your PHI to that extent.

**Your right to inspect and copy**

You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm but we have to explain why and give you someone to contact about our decision.

**Your rights to amend your PHI**

If you disagree with what your PHI in our records say about you, you have the right to request in writing that we amend your PHI when it is in a record that we create or have maintained for us. We are not required to respond to your request if the records you are asking about are not our records. We may refuse to make your requested amendment. Then, you will have a right to submit a written statement about why you disagree. If we still disagree, we may prepare a counter-statement. Your statement and our counter-statement must be made part of our record about you.

**Your right to know who else sees your PHI**

You have the right to request an accounting of certain disclosures that we have made of your PHI over the past six years. You cannot ask for disclosures before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment, and health care operation as described above. There is no charge for an annual accounting but there may be for additional accountings. We will tell you if there is a charge for your accounting and you will have the right to withdraw your request, or to pay the charge and proceed with your request.



**Your right to complain**

If you believe that your privacy rights have been violated, you have the right to make a complaint to us, or to the Secretary of health and human services. We will not retaliate against you if you file a complaint about us. To file a complaint, you should submit it in writing to the contact person identified in this notice (7, below). Your complaint should provide a reasonable amount of specific detail to enable us to investigate a potential problem.

6. **Some of our privacy obligations and how we perform them**

We are required to comply with the federal health information privacy regulations. Those rules require us to protect your PHI. Those rules also require us to give you Notice of our privacy practices. This document is our notice. If you did not get a paper copy of this notice, you may have one. We will abide by the privacy practices set forth in this notice. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law.

If we change our notice of privacy practices, we will provide our revised notice to you when you next visit us.

7. **Contact information**

If you have questions about this Notice, or if you have a complaint, please contact:

Trish Evans  
26284 Oso Rd  
San Juan Capistrano, CA 92675  
(949) 240-8441 ext 110

8. **Effective date**

This Notice takes affect on April 14, 2003