

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROMISE RANCH THERAPIES & RECREATION MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: February 2, 2021

Promise Ranch Therapies & Recreation (PRTR) is required by law to keep your health information safe. This information consists of all records related to your health, including demographic information, either created by PRTR or received by PRTR. This information may include: notes from your doctor, teacher, or other health care provider; your medical history; test results; treatment notes; insurance information.

The Health Insurance Portability and Accountability Act (HIPAA), a government rule, requires that healthcare providers give you notice of our legal duties and privacy policies. PRTR will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information. We will ask you to sign a form saying that you have been given this notice.

PRTR reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information we maintain. Patients will be provided a copy of any revisited Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

PRTR may use or disclose your protected health information without your written consent or authorization, for certain treatment, payment and healthcare operations. These are listed below.

TREATMENT may include:

- Providing, coordinating, or maintaining healthcare and related services by one or more healthcare providers;
- Consultations between providers concerning the patient;
- Referrals to other providers for treatment;

PAYMENT ACTIVITIES may include:

- Activities undertaken by PRTR to obtain reimbursement for services provided to patient;
- Determining patient's eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of or justification of changes;
- Obtaining pre-certification and pre-authorization of services to be provided;

HEALTHCARE OPERATIONS may include:

- Contacting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination
- Conducting or arranging for medical review, legal services, and auditing functions.

Your Health Information May Also Be Used or Shared Without Your Permission for:

- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, or by phone call or voicemail message. If you do not wish to get reminders, please tell our administrative office.
- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.
- **Information About a Person Who Has Died.** We may share information with the coroner, medical examiner, or a funeral director, as needed.
- **Marketing.** We may use your information to let you know of other services that might be of interest to you.
- **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information with agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process. These projects have rules to protect your privacy, too.
- **Threats to Health and Safety.** Your health information may be shared if we believe that it will prevent a threat to your health and safety or the health and safety of others.
- **Worker's Compensation.** We will share your information with Worker's Compensation if your case is being considered as a work-related injury or illness.

When Your Permission Is Needed to Use or Share Your Health Information

You must give us permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign a form, called an authorization, to allow us to use or share your information. You are allowed to take back this authorization, called revoking authorization, at any time. We will not be able to get back the information that we shared with your permission.

Your Privacy Rights

You have the right to:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law.
- **Ask us to contact you privately.** You can ask us to contact you only in a certain way or at a certain place. For example, you may want us to call you but not to email you. Or you may want us to call you at work and not at home. You must ask us in writing. We will do all we can to do what you ask.

- **Look at and copy your health information.** You have the right to see your health information and to get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change.
- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was shared and who we shared it with. There are some rules about this:
 - You need to ask us in writing.
 - You must tell us the dates you are asking about and if you want a paper or electronic copy.
 - You may get information going back 6 years, but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **File complaints.** You can file a complaint with us or with the government if you think that
 - your information was used or shared in a way that is not allowed
 - you were not allowed to look at or copy your information
 - any of your rights were denied

Who Is Covered by This Notice

The people who must follow the rules in this notice are:

- all therapists and instructors working for PRTR
- anyone who is allowed to add health information to your file, including interns and other staff members (such as administrative and billing associates)
- any volunteers who may help you while you are in this program
- any interns or volunteers who are observing sessions for the purpose of learning

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information we already have in your file and to any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something incorrect with your information. You can complain to your regional office of the United States Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing.

Contacts

If you have any questions about this notice or your privacy rights, please ask your therapist or contact Jamie Mondrow at 303-817-6531, or info@prtr.org.