

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to your health information. Please Read Carefully.

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business. We recognize our legal and ethical obligation to keep your information secure and confidential whether it be orally, on paper, or in an electronic form.

How we might use your medical information

We will use your medical information for providing treatment, such as by looking at your records to use your medical history for current treatment; and/or payment, such as when a payer requests copies of our medical information to pay a claim; and/or for healthcare operations, such as for internal auditing. We may contact you to help provide you with information concerning your health. We may also contact you to remind you of an upcoming appointment, taking care not to reveal any of your medical information. You have a right to ask us not to contact you using this method. I understand that as a part of my healthcare, Horses and Healing, LLC originates and maintains health records describing my health history, symptoms, examination on test results, diagnosis, treatment, and any plans for future care of treatment for up to seven years after the date of my last session at Horses and Healing, LLC. I understand that this information serves as a basis for planning my care and treatment, a means of communication among the many health professionals who contribute to my care, a means by which a third-party payer can verify that services billed were provided, and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

Use and disclosure for your health information in certain special circumstances; the following circumstances may also require us to use or disclose your health information without your consent or authorization:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For workers compensation and similar programs.

Your rights regarding your health information

1. You can request that Horses and Healing, LLC. communicate with you about your health and related issues in a preferred manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have a right to ask for complete accounting of disclosures that were not authorized or otherwise permitted as listed above. You may revoke your authorization to disclose your medical information at any time.
4. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. In order to receive a copy of your records, Horses and Healing, LLC will charge you fifty cents (\$.50) per page. You must submit your request in writing and in person to Horses and Healing, LLC., Attn: Office Manager. Before receiving your records, you must make an appointment with your therapist, so he or she can go over your records with you, in case you have any questions.
5. You may ask to amend your health information if you believe it is incorrect or incomplete, and if the information is kept by or for Horses and Healing, LLC. To request an amendment, your request must be made in writing and submitted to Horses and Healing, LLC., Attn: Office manager. You must provide us with a reason that supports your request for amendment.
6. You have a right to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. Horses and Healing, LLC. reserves the right to change their notice and practices and if the terms do change, you may obtain a revised Notice by contacting Horses and Healing, LLC. by mail or by asking a therapist.
7. You have a right to file a complaint. If you believe that your privacy rights have been violated, you may file a complaint with (1) Horses and Healing, LLC or with (2) the Secretary of the Department of Health and Human Services. Both addresses are provided at the bottom of this form. All complaints must be submitted in writing. To file a complaint with Horses and Healing, contact the Office Manager. You will not be penalized for filing a complaint.
8. You have a right to provide an authorization for other uses and disclosures. Horses and Healing, LLC. will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions about this notice or our health information privacy practices, please contact Horses and Healing, LLC.

Horses and Healing, LLC.
7045 Bates Drive
Annville, PA 17003
Telephone: (717) 454-3910

US Dept. of Health and Human Services
200 Independence Ave., S.W.
Washington, DC, 20201
Telephone: (202) 619-0257
Fax: 1-877-696-6775
Website: www.hhs.gov/

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgment****

I, _____, have received a copy of this office 's Notice of Privacy Practices.

Signature

Date

For Office Use Only

Horses and Healing, LLC, attempted to obtain written acknowledgment of receipt of the Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency prevented us from obtaining acknowledgment
- Other

