



## HIPPA Notice of Privacy Practices and More

# INDEX

Page

## HIPAA NOTICE OF PRIVACY PRACTICES

Notice of H.O.R.S.E.'s privacy practices.....	3
Use and disclosure of medical information for treatment, payment or health care options.....	3
For treatment.....	3
For payment.....	4
For health care operations.....	4
Uses and disclosures of medical information that <u>do not</u> require your authorization.....	4
Planned uses and disclosures to which you may object.....	5
Other uses and disclosures.....	5
Your rights with respect to health information.....	5
Request restrictions.....	5
Receive information in certain form and location.....	5
Inspect and copy your health information.....	5
Request amendment to your health information.....	6
Accounting of disclosures.....	6
Complaints regarding your privacy rights or issues.....	6
Changes to this notice.....	6

## CLOTHING LIST FOR EQUINE ACTIVITIES

Cold weather.....	7
Warm/cool weather.....	7
Hot weather.....	7

FREQUENTLY ASKED QUESTIONS (FAQs).....	8
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## NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 03-01-2006

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.

### **Notice of H.O.R.S.E.'s privacy practices**

This notice is intended to inform you about practices at H.O.R.S.E. Helping Others Reach Success and Excellence, related to the protection and privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you information related to our legal duties and privacy practices regarding any medical information we create or receive about you. We are required by law to follow the terms of the notice that currently is in effect.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the protected health information of your care provided by H.O.R.S.E. and all its employees, staff and volunteers ("personnel").

With a few exceptions, we are required to obtain your permission for the use or disclosure of information for reasons other than for treatment, payment or health care operations. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories.

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at H.O.R.S.E. about any of the information contained in this Notice of Privacy Practices, the contact person is:

CONTACT: Brenda J. Wright  
ADDRESS: 19021 Long Grove Rd. Higginsville, MO 64037  
PHONE: 660.584.7892

H.O.R.S.E. personnel will follow the practices described in this Notice of Privacy Practices.

### **Use and disclosure of medical information for treatment, payment or health care operations**

We can use or disclose medical information about you regarding your treatment, payment for services or for certain health care operations.

**For Treatment.** To provide you with treatment or services, we may need to use or disclose information about you to H.O.R.S.E. personnel who are involved in your treatment. For example, we may need to know about certain allergies you may have to avoid an allergic reaction during your activities at H.O.R.S.E. We also may disclose information to other health care providers that are not affiliated with H.O.R.S.E. for your treatment (e.g., pharmacists or emergency medical providers).



**For Payment.** We may use and disclose your medical information in order for H.O.R.S.E. to bill and receive payment for the treatment or services that you received here. For example, we may disclose your medical information to your insurance company about a service you received at H.O.R.S.E. so that your insurance company can pay us or reimburse you for the service. We also may ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. We also may disclose your information so that other covered entities may obtain payment for treatment that they have provided (e.g., ambulance service providers).

**For Health Care Operations.** We can use and disclose medical information about you for health care operations. These include uses and disclosures that are necessary to run the programs at H.O.R.S.E. and make sure that our clients receive quality services. For example, we may use medical information about you to evaluate our staff's performance in providing services for you.

### **Uses and disclosures of medical information that do not require your authorization**

We can use or disclose health information about you without your written authorization when there is an emergency or when we are required by law to treat you, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining consent from you.

Further, we may use or disclose your health information without your written authorization in any of the following circumstances:

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response to a court order or a subpoena;
- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give consent or authorization because of incapacity;
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Board [or the Privacy Committee];
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health and safety of others; or (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with worker's compensation laws or purposes.



## Planned uses and disclosures to which you may object

We will use or disclose your health information for any of the purposes described in this section unless you object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the Contact Person listed on page one.

- We may use or disclose your health information to contact you and remind you that you have an appointment.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may use and disclose your health information to inform you about health benefits or services that may interest you.
- We may use health information about you to contact you in an effort to raise money for H.O.R.S.E.
- We may release health information about you to a friend and/or family member who is involved in your care. We also can give this information to someone who will help or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.

## Other uses or disclosures

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing and sent to the Contact Person listed on Page One. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

## Your rights with respect to health information

- **Right to Request Restrictions.** You have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to your requested restriction. If we do agree with your restrictions, we will comply with your request unless the information is needed to provide you treatment or for compliance with HIPAA rules regarding selected public policy purposes. Any request to restrict uses or disclosures must be made in writing to the Contact Person listed on page 1. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Receive Information in Certain Form and Location.** You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing to the Contact Person listed on Page One. The request must tell us how and/or where you want to receive information. We will accommodate reasonable requests.
- **Right to Inspect and Copy Your Health Information.** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about your care, with the exception of therapy notes. If you want to see or obtain a copy of your medical information, you must submit your request in writing to the Contact Person listed on Page One. If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.



In limited circumstances we can deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by H.O.R.S.E. will review your request and the denial. We will follow the decision of the reviewer.

- **Right to Request Amendment to Your Health Information.** You have a right to request that your health information be changed if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is kept by [H.O.R.S.E.]. To request a change in your information, you must submit it in writing to the Contact Person listed on Page One. In addition, you must give the reason that you want the information changed, including why you think the information is incorrect or incomplete.

We can deny your request if it is not in writing and if it does not include a reason why the information should be changed. We also can deny your request for the following reasons: (1) the information was not created by H.O.R.S.E., unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by or for H.O.R.S.E.; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the Contact Person listed on Page One. Your request must state the time period that may not be longer than six (6) years and may not include dates before April 14, 2003. You should include how you want the information reported to you, i.e., by paper, electronically, etc. You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, notify the Contact Person listed on Page One. You can obtain a copy of this notice at our Web site, [www.horsehelpspeople.org](http://www.horsehelpspeople.org).

**Complaints Regarding Your Privacy Rights or Issues.** If you believe your privacy rights have been violated, you may file a complaint with H.O.R.S.E. or with the Secretary of the Department of Health and Human Services. To file a complaint with H.O.R.S.E. or to receive additional information as to how to file a complaint with the Department of Health and Human Services, notify the Contact Person listed on Page One. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Changes to this Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on H.O.R.S.E.'s Web site, [www.horsehelpspeople.org](http://www.horsehelpspeople.org). You will find the date the notice became effective at the top of the first page below the title. In addition, each time you receive treatment or healthcare services at H.O.R.S.E., a copy of the current notice in effect will be given to you if you request it.

## CLOTHING LIST FOR EQUINE ACTIVITIES

The HORSE program activities are held outdoors as well as indoors. As such, you are exposed to unpredictable weather conditions. It is **IMPERATIVE** that you dress appropriately. Below is a list of important points to remember and weather conditions where suggested apparel is described.

- There are no extra jackets, sweaters, boots etc...at the barn.
- It is better to over dress and be able to remove clothing than it is to under dress and become chilled or uncomfortable.
- It is always advisable to wear sunscreen on exposed parts of the body.
- Please remember that you are dressing to work with a horse – conditions are sometimes muddy and dirty.
- Very casual, comfortable clothing is always appropriate.
- It is recommended that you bring a thermos or other bottle with cold water or electrolyte drink (such as Gatorade) in order to remain hydrated. Water will be provided in an emergency situation only.
- There are **NO** vending machines at Big River Ranch and Eveningstar Equestrian Ranch. None of these locations provides water or refreshments on a general basis.
- Even in the summer time, long pants (not shorts) are recommended in the barn or with the horse. Baggy pants and “sagging” are not advisable – you need to be able to move freely with no fear of tripping, falling, or becoming tangled in props or equipment because of excess clothing or clothing that is ill fitting.
- Boots, waterproof shoes or OLD shoes/boots without holes are recommended. **SANDALS OR ANY OPEN TOED SHOES ARE NOT ALLOWED. SHOES WITH AN OPEN HEEL, SUCH AS SLIDES OR CLOGS, ARE ALSO NOT ALLOWED.** It is important that your feet be protected and open toed shoes and open heeled shoes do not provide adequate protection (and it is too easy for open heeled shoes to come off). Leather as opposed to canvas shoes protects the foot better if the horse should step on you. Conditions may be muddy or dirty. Untied shoe laces can be dangerous, if shoe laces can not stay tied, you may need to wear other shoes/boots.

### Cold Weather

Wear layers of clothing: shirts, turtlenecks, sweaters, sweatshirts, jackets etc... Please wear multiple pairs of socks and warm, waterproof shoes or boots. Even if the weather is moderate, the ground may be cold, muddy or damp. Please wear a hat and make sure that your hands are covered. Gloves are preferred to mittens so that you have use of your fingers.

### Warm/Cool Weather

Wear layers of clothing as the barn and shady areas of the property may be cool even if it's warm outdoors and in the sun. Shirts under sweatshirts or flannel shirts under a jacket are ideal, as you'll be able to remove clothing if it gets warm or if we move into the sun.

### Hot Weather

Appropriate warm weather clothing such as tank tops or sleeveless shirts is recommended. Please make sure that shirts are loose enough to move comfortably and allow air flow (which aides in cooling the body) but not so large or loose to be inappropriate. Tube tops and halter tops are discouraged as sometimes activities can be energetic and it is important that clothing stay in place without you being distracted by the possibility that it will not. Long pants are encouraged although shorts are allowed.



## FREQUENTLY ASKED QUESTIONS (FAQs)

### 1. Can I email you?

Yes, you may email any of your therapy team. You may find their email addresses on the website [www.HORSEhelpspeople.org](http://www.HORSEhelpspeople.org).

Please be aware that e-mail communication can be accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. Because of this, you should use caution in email and limit the discussion of any personal information.

### 2. When should I use email?

Emails are a good way to fill your therapist in on what situations may be going on in your child's life that you feel it would be important for your therapy team to know.

Emails should be used for informational purposes only. Email will not generate a response from your therapist other than an acknowledgement of receipt. **Please do not use e-mails for emergencies.**

At this point in time, you will not be charged for emails. Please do not use email for dialogues. In this case, emails will be treated as consultation and will be charged according to the time it takes to read/respond to each email on a prorated basis. Please refer to #7 below.

### 3. How do I cancel a session?

Please call the office phone at 660-584-7892 to cancel a session. You may also cancel a session through email. We request that you cancel any session **at least 24 hours in advance**.

If you need to cancel less than 24 hours of your session, please call your contact person's cell phone.

### 4. Why will I be charged for a session if I don't show up for or give a 24-hour cancellation notice?

Your scheduled appointment hour is reserved for you and if you do not show up or cancel without reasonable time to reschedule someone into that time slot, H.O.R.S.E. loses that time to be able to serve other clients. We understand some circumstances prevent a 24-hour notice and those situations will be taken into account.

### 5. Why do you charge for telephone calls over 10 minutes in length?

Ten minutes is sufficient to discuss a concern such as scheduling and other tasks. Phone calls longer than 10 minutes generally fall under one of two categories: *consulting* or *therapy*. Consulting and therapy are both services for which we bill.

### 6. If I am interested in additional consulting time with my child's therapist, is this available?

If your child is involved with H.O.R.S.E. on any level, you are eligible for consulting services with your therapist.

As a parent or guardian, if you feel you need more time than the therapist is able to give you during the child's session (generally from 10-15 minutes), please schedule additional consulting

time with your therapist or email your therapist with the information you feel your child's therapy team needs to have for no charge.

## 7. What consulting options are available and what is the cost?

- **Parent Consultation.** Consulting services are billed at the same rate as therapy services. Fees will be collected when you see your therapy team at your child's next regularly scheduled appointment.
- **Phone consultation** Phone consultations are generally the least expensive. Phone conversations under 10 minutes (for either you or with other professionals involved with you and your child) are free. Phone conversations longer than 10 minutes will be prorated by 15 minute intervals starting at the start of the call.

Informational emails from you that require only an acknowledgement from your therapist are free. Email consultations (emails that require more response than a simple acknowledgement) will be billed on a prorated basis based on read/response time per 15 minutes.

- **Meetings with other professionals such as, teachers/counselors/legal advisors.** Phone and email consultations with other professionals can be arranged as well. Schedule all consultations with your therapist via phone, email or at your child's scheduled session time. Meetings will be billed at an hourly rate.

***WITH THE EXCEPTION OF EMAIL, ALL CONSULTATION SERVICES NEED TO BE SCHEDULED.***

## 8. Why must appropriate clothing be worn to sessions?

We have a clothing policy for safety reasons as well as comfort reasons. If you or your child wears inappropriate clothing, you may be sent home. If sent home the time will be treated as a "no show" and charged accordingly.