

## **(\*) Privacy Policies 2025**

Horizon Medical, LLC  
1957 Thompson Rd. Suite E  
Coos Bay, OR 97420  
Phone: 541-236-2778  
Fax: 866-892-1157

### **Introduction**

We are required by law to protect your protected health information (PHI) and provide notice of our privacy practices. This document explains how we may use and disclose your PHI, your rights regarding your information, and how you can give or withdraw consent for communication.

This policy is effective until replaced. If we update our policies, changes will apply to all past and current PHI, and you will be notified.

### **Use of Medical Records**

- Your clinical chart may include electronic and paper records.
- Paper records are stored in locked cabinets.
- Records are maintained for seven (7) years after services conclude.
- You may review your records unless doing so is deemed clinically inappropriate.

### **Your Rights**

You have the right to:

- Access records – request copies (fees may apply)
- Amend records – request corrections (with written explanation; may be denied if records are accurate)
- Accounting of disclosures – request a list of PHI disclosures, except those for treatment/payment/operations
- Request restrictions – limit how we use/disclose your PHI (except where law requires disclosure)
- Confidential communication – request contact in a specific way or location
- Paper copy – request a hard copy of this policy
- File a complaint – with Horizon Medical or with the U.S. Department of Health & Human Services

Contact: Lori Shott (using address/phone at top of page)

## **How We Use & Disclose PHI**

We may use your PHI for:

- Treatment – sharing with providers, staff, or pharmacies to coordinate care
- Payment – billing insurance or obtaining pre-authorizations
- Healthcare Operations – training staff, case reviews, quality improvement, appointment reminders

Other permitted disclosures include:

- Family/friends involved in care (with verbal agreement or in emergencies)
- Marketing (e.g., information on services or thank-you cards; you may opt out anytime)
- Required by law (public health, FDA, oversight agencies, workers' comp, court orders, law enforcement)
- Confidentiality exceptions (abuse concerns, risk of harm, court orders)

We will not use your PHI for other purposes without written authorization.

## **Telemedicine Services**

What it is: Telemedicine uses secure electronic communication to provide care when the provider and patient are in different locations.

### **Possible Risks:**

- Rare equipment failures or poor image resolution may affect care
- Delays in treatment due to technical issues
- Very rare breaches of privacy despite safeguards

### **Expected Benefits:**

- Improved access to care without travel
- Faster evaluation and management
- Access to distant specialists

## Communication & Electronic Consent

I consent to receive services and communication via:

- Phone calls (including voicemail messages)
- Text messages
- Email
- Telehealth/video visits

I understand Horizon Medical may use secure systems and third-party automated services for:

- Appointment reminders, rescheduling, and cancellations
- Patient statements, billing and outstanding balance notices

## Opt-Out Options

I would like to opt out of electronic: Text messaging - \*  Yes  No

I would like to opt out of electronic: Email - \*  Yes  No

I would like to opt out of electronic: Video/telehealth - \*  Yes  No

## Acknowledgment & Consent

By signing below, I acknowledge that I:

- Have read and understood this Privacy Policy & Consent
- Agree to the use of my PHI as described
- Consent to the selected forms of electronic communication

**PATIENT SIGNATURE \***

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Date \*

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