

# Adventure Therapy Services Privacy Practices Disclosure

This notice describes how medical information about you may be used and disclosed, pursuant to the Health Information Portability and Accountability Act of 1996 (“HIPAA”), and how you can get access to this information. **Please review it carefully.**

## Your Rights

**When it comes to health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record.** You can ask us to correct health information you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications.** You can ask us to contact you in a specific way (for example, home phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### **How do we typically use or share your health information?**

**Treat you:** We can use your health information and share it with other professionals who are treating you upon receipt of a valid medical release form.

**Run our organization:** We can use and share your health information to run our business, improve your care, and contact you when necessary.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:** We can share health information about you for certain situations such as: Preventing disease; Helping with product recalls; Reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence; and/or Preventing or reducing a serious threat to anyone’s health or safety

**Do research:** We can use or share your information for health research.

**Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests:** We can use or share health information about you for workers’ compensation claims, for law enforcement purposes or with a law enforcement official. with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.**

## **Additional Information**

- This notice is dated effective **April 1, 2024**, and is issued by and on behalf of **ADVENTURE THERAPY SERVICES, LLC**.
- Additional information regarding Colorado health practices and privacy restrictions can be found at the Colorado Department of Public Health and Environment, by visiting <http://www.cdphe.state.co.us>.
- Additional information regarding licensing, complaints, and operations of Colorado health facilities can be found at the Colorado Department of Regulatory Agencies, by visiting <http://www.colorado.gov/dora>.

## Receipt of Privacy Practices Disclosure

By affixing my signature hereto, I affirm and attest that I, on behalf of myself or a minor child, have been provided with a complete copy of the *Privacy Practices Disclosure*, dated effective **April 1, 2024**, issued by Adventure Therapy Services, LLC, a Colorado limited liability company. I hereby waive any additional notice requirements for such privacy practices, and release Adventure Therapy Services, LLC from any claims related thereto.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**\*If signing on behalf of a minor child\***

\_\_\_\_\_  
Child's Full Legal Name

\_\_\_\_\_  
Child's Date of Birth