

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed by Healing Hoof Steps and how you can get access to this information. Please review this document carefully.

YOUR RIGHTS

The following is a brief summary of your rights. A more detailed description of each right is also included in this document.

- Get a copy of your paper or electronic health record
- Request correction of your paper or electronic health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this notice of privacy practices
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that Healing Hoof Steps uses and shares information as we:

- Tell family and friends about your condition
- Provide mental health care
- Market our services
- Raise funds

OUR USES AND DISCLOSURES

Healing Hoof Steps may use and share your information as we:

- Treat you and coordinate your care
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of Healing Hoof Steps' 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. If you would like, we also can send this information in either paper or electronic form to another person you identify in your request. For more information about requesting your medical records, ask us or go online to the Electronic Medical Record where you receive your records, then explore the release of information options you may login to your Simple Practice Client Portal.
- 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 Healing Hoof Steps to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we will 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 or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask Healing Hoof Steps to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or Healing Hoof Steps operations. We are not required to agree to your request, and we may say "no" if it would be harmful or compromise your care.
- if you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have 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 healthcare operations, and certain other disclosures (such as any you asked us to make). We will 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.
- Healing Hoof Steps 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 SW, Washington, DC 20201, calling 1-800-368-1019, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html We will not retaliate against you for filing a complaint.

CALLING, TEXTING, AND EMAILING

We may contact you about your healthcare using the phone numbers and email addresses that you provide us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, research opportunities, our products and services, treatment alternatives, your general health, and regulatory notices provided in lieu of first-class mail. Because any texts and emails would not be encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of protected health information that they contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example
- If you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

OUR USES AND DISCLOSURES

How does Healing Hoof Steps typically use or share your health information?

We typically use or share your health information in the following ways:

To treat you and coordinate your care

To run our organization

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

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

Florida law generally requires patient consent for disclosures of health information to payers for payment purposes.

How else can Healing Hoof Steps 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, you can go to this online link: www.hhs.gov/hipaa/for-individuals/index.html

Help with public health and safety issues

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

HEALING HOOF STEPS' 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.

CHANGES TO THE TERMS OF THIS NOTICE

Healing Hoof Steps 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 at www.healinghoofsteps.org

WHO IS COVERED BY THIS NOTICE

This notice applies Healing Hoof Steps Corporation.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

The confidentiality of substance use disorder patient records maintained by us is protected by special federal law and regulations, in addition to HIPAA. Generally, Healing Hoof Steps may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having or having had a substance use disorder unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations governing substance use disorder patient records by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations: The U.S. Attorney where the Program is located: Florida: Middle District of Florida, 300 N Hogan Street, Suite 700, Jacksonville, FL 32202 Phone 904-301-6300

For opioid treatment programs (previously known as methadone programs), you also can contact: SAMHSA Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857 Phone 877-SAMHSA-7 (877-726-4727)

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

OTHER PARTICULARLY SENSITIVE CONDITIONS

Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of health information under certain state laws. To the extent applicable, Healing Hoof would need to get your written permission before disclosing these categories of information to others in many circumstances.

CONTACT INFORMATION

If you want to file a complaint, express concerns, or further inquire about Healing Hoof Steps' use or disclosure of health information, please contact the Healing Hoof Steps by calling [850-764-1005](tel:850-764-1005) or send an email to office@healinghoofsteps.org.

EFFECTIVE DATE The Effective Date of this Notice is April 28, 2025.

DISCRIMINATION IS AGAINST THE LAW

Healing Hoof Steps complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

If you believe that Healing Hoof Steps has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with: 1557 Coordinator, Office of Patient Experience, 200 First Street SW, Rochester, Minnesota 55905, 1-844-544-0036. You can file a grievance in person or by mail. If you need help filing a grievance, the Healing Hoof Steps Office of Patient Experience is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

File electronically through the Complaint Portal. File by mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201 File by phone: 1-800-368-1019 Complaint files are available [here](#).