



H.O.R.S.E Therapies, Inc.

## Acknowledgement of Receipt: Notice of Privacy Practices

I have read and understand HORSE Therapies, Inc. Notice of Privacy Practices outlined below.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

***If client is a minor:***

\_\_\_\_\_  
Signature of Client's Legal Guardian

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Date

## Required HIPAA Notice of Privacy Practices

**I. 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.**

**II. HORSE THERAPIES, INC. HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

HORSE Therapies, Inc. is legally required to protect the privacy of your PHI, which includes information that can be used to identify you which is created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of the health care. You must be provided with this Notice of Privacy Practices and an explanation of how, when, and why HORSE Therapies, Inc. will "use" or "disclose" your PHI. A "use" occurs when your PHI is shared, examined, given or otherwise divulged to a third party outside of this organization. With some exceptions, your PHI may not be used or disclosed any more than is necessary to accomplish the purpose for which the use or disclosure is made. HORSE Therapies, Inc. is required to follow the privacy practices described in this Notice; however, we reserve the right to change the terms of the Notice and privacy policies at any time. Any changes will apply to PHI on file already. Prior to any important changes to policies, this Notice will be updated and uploaded to our website.

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## H.O.R.S.E Therapies, Inc.

### III. HOW WE MAY USE AND DISCLOSE YOUR PHI

HORSE Therapies, Inc. will use and disclose your PHI for many different reasons. HORSE Therapies, Inc. will need your prior written authorization for some of these uses or disclosures; for others, however, your authorization is not required. Listed below are the different categories of uses and disclosures along with some examples of each category.

**A. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Prior Written Consent.** HORSE Therapies, Inc. can use and disclose your PHI without your consent for the following reasons:

**1. For Treatment.** HORSE Therapies, Inc. can use your PHI within our organization to provide you with mental health treatment including discussing or sharing your PHI with registered or licensed interns. We can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your case. For example, if a psychiatrist is treating you, we can disclose your PHI to your psychiatrist to coordinate your care.

**2. To Obtain Payment for Treatment.** HORSE Therapies, Inc. can use your PHI to bill and collect payment for the treatment and services provided to you. For example, we might send your PHI to your insurance company or health plan to get paid for the health care services provided to you. We may also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims.

**3. For Health Care Operations.** HORSE Therapies, Inc. can use and disclose your PHI to operate our practice. For example, we might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who have provided such services to you. We may also provide your PHI to accountants, attorney, consultants, or others to further health care operations.

**4. For Patient Incapacitation or Emergency.** HORSE Therapies, Inc. may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency treatment as long as we try to get your consent after treatment is rendered; or, if we try to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

**B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization.** HORSE Therapies, Inc. can use and disclose your PHI without your consent or authorization for the following reasons:

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**1. When federal, state, or local laws require disclosure.** For example, HORSE Therapies, Inc. may have to make a disclosure to applicable governmental officials when there is a legal mandate to report information to governmental agencies and law enforcement personnel about victims of abuse or neglect.

**2. When judicial or administrative proceedings require disclosure.** For example, HORSE Therapies, Inc. may have to use or disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or claim for workers' compensation benefits. We may also have to use or disclose your PHI in response to a subpoena.

**3. When law enforcement requires disclosure.** For example, HORSE Therapies, Inc. may have to use or disclose your PHI in response to a search warrant.

**4. When public health activities require disclosure.** For example, HORSE Therapies, Inc. may have to use or disclose your PHI to report to a governmental official an adverse reaction that you may have to a medication.

**5. When health oversight activities require disclosure.** For example, HORSE Therapies, Inc. may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.

**6. To avert a serious threat to health or safety.** For example, HORSE Therapies, Inc. may have to use or disclose your PHI to avert a serious threat to the health or safety of others. Any such disclosures will only be made to someone able to prevent the threatening harm from occurring.

**7. For specialized government functions.** For example, HORSE Therapies, Inc. may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations, if you are in the military.

**8. To remind you about appointments and to inform you of health-related benefits or services.** For example, HORSE Therapies, Inc. may have to use or disclose your PHI to remind you about your appointments or to give you information about treatment alternatives, other health care services, or other health care benefits that may be of interest to you.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

Disclosures to family, friends, or others: HORSE Therapies, Inc. may provide your PHI to a family member, friend, or other person that you indicate that is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in an emergency situation.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any situation not described in sections above, HORSE Therapies, Inc. will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action in reliance on such authorization) of your PHI by us.

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## H.O.R.S.E Therapies, Inc.

### IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

**A. The Right to Request Restrictions on Uses and Disclosures.** You have the right to request restrictions or limitations on uses or disclosures of your PHI regarding treatment, payment, or health care operations. You also have the right to request restriction or limits of disclosures of your PHI to family members, friends, or others involved in your care or who are financially responsible for your care. Please submit such requests to HORSE Therapies, Inc. in writing. HORSE Therapies, Inc. will consider your requests but may not be legally required to accept them. Approved requests will be honored except in emergency situations. Be advised that you may not limit the uses and disclosures that we are legally required to make.

**B. The Right to Choose How We Send PHI to You.** You have the right to request that HORSE Therapies, Inc. sends confidential information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). HORSE Therapies, Inc. must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and when appropriate, you provide information as to how payment for such alternate communications will be handled.

**C. The Right to Inspect and Receive a Copy of Your PHI.** In most cases, you have the right to inspect and receive a copy of your PHI, but you must make the request to inspect and receive a copy of such information in writing. We will respond to your request within 30 days of receiving your written request. In certain situations we may deny your request. If we do, we will tell you, in writing, the reasons for the denial.

**D. The Right to Receive a List of the Disclosures Made.** You have the right to receive an Accounting of Disclosure listing the instances of disclosed PHI. The list will not include disclosures made for treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use; disclosures permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel. We will respond to your request for an Accounting of Disclosure within 60 days of receiving such request. The list will include disclosures made in the last six years unless you request a shorter period of time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year we may charge you a reasonable, cost-based fee for each additional request.

**E. The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request a correction to the existing information or add the missing information. You must provide, in writing, the request and your reason for the request. We will respond within 60 days of receiving your request to correct or update your PHI.

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## H.O.R.S.E Therapies, Inc.

We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by HORSE Therapies, Inc. (iii) not allowed to be disclosed, or (iv) not part of our records. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and the denial be attached to all future disclosures of your PHI. If we approve your request to amend your PHI, we will make the changes, tell you that we have done it, and tell others that need to know about the change to your PHI.

**F. The Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail or through the client portal.

### **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that HORSE Therapies, Inc. may have violated your privacy rights, or you disagree with a decision we have made about access to your PHI, you may file a complaint with the persons/entities listed in Section VI below. We will not take retaliatory action against you if you file a complaint about our privacy practices.

### **VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES:**

**A. You may submit a complaint to the Executive Director of HORSE Therapies:**

Aly Levy, M.S., CLC, CRYT  
Executive Director  
HORSE Therapies of NE Florida  
13611 Normandy Blvd.  
Jacksonville, FL 32216  
(904) 255-4228

**B. You may notify the FL state licensing board:**

Dept. of Health's Inspector General  
4052 Bald Cypress Way, Bin A03  
Tallahassee FL 32399-  
1-888-419-3456 OR 850-245-4141  
<http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html>

**C. You may submit a complaint to the U.S. Dept. of Health and Human Services**

Secretary of the U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F HHH Bldg.  
Washington, D. C. 20201  
202-619-0257 OR 877-696-6775  
<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process>

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## **Notice of Privacy Practices and Disclosure of Confidential Information**

In general, counseling, mental health treatment and any service provided by a licensed mental health provider is considered to be “confidential” and thus part of your Protected Health Information (PHI). Because services at H.O.R.S.E. Therapies, Inc. occur in a nature-based environment and/or an outdoor facility, it is important for you to understand that some of your PHI may be compromised. All forms and records are uploaded and stored in a secure electronic record system. Unless specifically restricted, your information will be accessible to the clinical providers within our practice and to our practice management staff, on a need-to-know basis, to ensure smooth operation of office practices as well as clinical coverage for emergencies and case consultation for review and support or coverage when a provider is unavailable. Professionals with whom your protected information may be shared on a need-to-know basis are clinical and administrative staff for billing or record keeping purposes, professional counseling and social work graduate interns and registered post-graduate interns practicing under supervision of a licensed provider. Information will be shared on a level of medical necessity, need-to-know basis only. We take confidentiality seriously and want to inform you of our responsibilities in keeping your information safe. As licensed professionals, our providers are mandated by law and ethics to keep your PHI confidential except for four very specific circumstances explained here.

- 1. We have reason to be concerned that you are a risk to harm yourself or someone else.** In the event we have clinical reason to think you or someone else is at risk, we are required to seek help and that may mean calling emergency medical services, law enforcement, child protective services and/or your emergency contact information you have listed.
- 2. We have reason to believe a child, dependent adult or elderly person is being abused or neglected.** In the event we have clinical reason to think that there is a child who is at risk of harm or neglect, we are required to notify law enforcement and/or child protective services. Likewise, for dependent adults or the elderly, we are required to notify law enforcement or adult protective services.
- 3. We have been court ordered to release your information.** Sometimes courts rule that PHI is necessary for court proceedings. If we are court-ordered to release your information, we use the utmost discretion while complying with any orders of the court. We are careful in our documentation to record what is necessary to meet clinical documentation standards but not disclose information that is not necessary for the recording of the clinical session.
- 4. You have signed a release authorizing us to release your information to someone.** We can release your records to anyone you want your records released to after you have completed and signed an Authorization to Release Information. This is appropriate if you wish for us to share information with or obtain information from other providers, schools, attorneys, or other persons who are helping you or have helped you in the past so that we can better coordinate your care. Generally, it is a good idea for us to collaborate with your primary care doctor and/or any treating psychiatric provider so that we can work together in an integrative fashion. However, this is not necessary. For questions, discuss your options with your provider and complete the necessary releases to meet your needs for use or restriction of your information.

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H.O.R.S.E Therapies, Inc.

## Your Rights

You have the right to ask questions about anything that happens in the therapeutic process. H.O.R.S.E. Therapies, Inc. professionals are always willing to discuss the how and why behind provided services and consider and discuss alternatives. Also, out of respect for you and our ethical responsibility as licensed professionals you have the following rights:

- The right to be treated with consideration & respect for personal dignity, autonomy and privacy.
- The right to service in a respectful setting that offers the greatest possible freedom of choice.
- The right to be kept up to date on current/suggested services or treatments and alternatives.
- The right to accept or reject any service, treatment or therapy after you have been given a full explanation of the risks and benefits;
- The right to a current, written, individualized treatment/service plan addressing mental and physical health, social and emotional needs, and describing who will provide these services and how they will be provided related to your needs;
- The right to active and informed participation in all areas of the treatment/service plan, including the plan's writing, review, and rewriting to meet your needs;
- The right to freedom from too much or unnecessary medication;
- The right to freedom from restraints or seclusion;
- The right to be informed of/refuse any unusual or dangerous treatment procedures;
- The right to be told about and to refuse to be observed through one-way mirrors, photographed or taped (audio or visual);
- The right to absolute confidentiality (as best it can be provided in an experiential setting) unless court ordered or unless you sign a Release of Information form permitting disclosure of all or part of your records or acknowledgement of the limits of confidentiality in the experiential setting.
- The right to see *all* parts of your records, including psychiatric and medical records. Access can be restricted *only* for clear treatment reasons, meaning that reading the records will likely cause you severe emotional damage resulting in the immediate risk of dangerous behavior toward yourself or someone else.
- The right to advance notice if a service is to be discontinued, and to be actively involved in planning to meet your needs when the service is discontinued;
- The right to have a clear explanation when any services are denied or discontinued.
- The right not to be discriminated against based on race, color, creed, religion, sex, national origin, age, lifestyle, physical/mental handicap or developmental disability
- The right to have open financial discussions about the anticipated costs of your services and have services tailored to fit your financial circumstances when possible.
- You have the right to be informed of any grant/donation funded services if a clear financial need is present.
- The right to exercise all rights without being threatened or punished in any way, including being denied services.

If you believe your privacy rights have been violated, you can contact H.O.R.S.E. Therapies, Inc. office at the number in the footer of this page. You may also file a complaint with the U.S. Department of Health and Human Services at [www.hhs.gov](http://www.hhs.gov).

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