Paws for Reflection Ranch

5431 Montgomery Road, Midlothian, Texas 76065 / 972-775-8966

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services, is referred to as Protected Health Information ("PHI").

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI, abiding by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices. C hanges apply to all information we have about you. A copy of the revised Notice will be provided to you at your next appointment or by mail, upon request.

HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members and training or teaching purposes. We may disclose PHI to any other consultant only with your authorization.

For Payment. Your PHI may beused or disclosed to receive payment for the treatment services provided to you. Examples of payment-related activities are: providing your insurance company information for you to file insurance benefits, reviewing services provided to you todetermine medical necessity,orundertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, only the minimum amount of PHI necessary for purposes of collection will be disclosed.

For Health Care Operations. Your PHI may be used or disclosed to support business activities including, but not limited to, quality assessment activities, staff review activities, appointment reminders, provide treatment alternatives or other health related benefits and services to improve your care. For example, your health information may be shared with third parties that perform various business activities (e.g., billing or typing services), provided a written business contract is in place to safeguard the privacy of your PHI.

When Required by Law. Under the law, disclosures of your PHI are available to you upon your request. In addition, disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule are required.

The following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization.

Abuse and Neglect **Suicidal Intent** **Emergencies**
National Security Threat **Law Enforcement Public Safety (Duty to Warn)**
Judicial and Administrative Proceedings

Without Authorization. Applicable law and ethical standards permit disclosure of information about you without your authorization in a limited number of situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by law, such as the mandatory reporting abuse or neglect of a child, elderly, or disabled

person; or mandatory government agency audits or investigations (such as the social work licensing board or health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission. Your information may be disclosed to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

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

- **Right to a Copy of Your Medical Record.** You may request to see or have a copy of your health record. A copy or a summary of your health information will be provided to you, usually within 30 days of your request. A reasonable, cost-based fee may be charged. Your right will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.
- **Right to a Copy of this Notice.** You may request for a copy of this Notice at any time. A copy will be
- provided promptly, upon request.
- **Right to Amend.** If you think that the health information, we have is incorrect or incomplete, you may request an amendment in writing. Your request will be reviewed and approval or declination provided within 60 days.
- **Right to an Accounting of Disclosures.** You have the right to request a list of accounting of the times your information has been shared for six years prior to the date you ask, who it was shared with, and why. A reasonable, cost-based fee may be charged.
- **Right to Request Restrictions.** You have the right to request certain health information for treatment, payment, or operations information not be shared. Your request will be reviewed and approval or declination provided within 60 days.
- **Right to Request Confidential Communication.** You have the right to request the way you receive communication about your health matters. Reasonable requests will be honored.
- **Right to 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 with proper authorization.
- **Right to File a Complaint if You Feel Your Rights Have Been Violated.**

Complaints

If you believe a violation of your privacy rights has occurred, you have the right to file a complaint in writing to Paws for Reflection Ranch, or with the Department of Health and Human Services Office at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1 (877) 696-6775. **We will not retaliate against you for filing a complaint.**

The effective date of this updated Notice is 12-10-2022.

5431 Montgomery Road, Midlothian, Texas 76065
pawsforreflectionranch@att.net

HIPAA Notice of Privacy Practices Receipt and Acknowledgment of Notice

Client Name:_____ DOB:_____

I acknowledge that I have received and have been given an opportunity to read a copy of the Paws for Reflection Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at Paws for Reflection Ranch via phone at (972) 775-8966.

_____
Print Name (Client or Parent/Guardian)

_____
Client or Parent/Guardian Signature Date

_____

* If you are signing as a personal representative of an individual and are not a legal guardian of the client, please describe your legal authority to act for this individual and provide supporting documentation (power of attorney, healthcare surrogate, etc.).

- Client Declines to Acknowledge Receipt

_____
Signature of Staff Member Date