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 it carefully.

YOUR RIGHTS

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

A. Get an electronic or paper copy of your designated medical record set
   • You can ask to see or get an electronic or paper copy of your designated medical record set that does not include psychotherapy notes, personal notes, and observations about yourself created by us. Request must be in writing.
   • You have the right to designate a third party to receive a copy of your medical information. All such requests must be authorized in writing by you, and a copy of this authorization will be maintained in your record.
   • We will provide a copy of your health information, usually within 14 days of your request. We may charge a reasonable, cost-based fee.
   • You have the right to inspect the original medical information. Request to inspect the medical record must be submitted in writing and done under direct supervision of a case manager.

B. Ask us to correct your medical record
   • You can ask us to correct health information about you that you think is incorrect or incomplete. Request must be in writing.
   • We may say “no” to your request, but we’ll tell you why in writing within 60 days.

C. 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.

D. 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.
   • If you pay for a service or health care 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.

E. 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.

F. Get a copy of this privacy notice
   We will provide a copy of this privacy notice at the time of admission or as soon as you are capable of rational communication.

G. 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.

H. File a complaint if you feel your rights are violated
   • You can complain if you feel we have violated your rights by contacting:
     HIPAA Privacy Officer

Effective
September 2015
Santé Center for Healing
914 Country Club Rd.
Argyle, TX 76226
P 940-464-7222
F 940-464-7220

- 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/.
- We will not retaliate against you for filing a complaint.

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
- Limit information used for research

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.

We DO NOT use your protected health information for:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

OUR USES AND DISCLOSURES

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive:

Required Uses and Disclosures:
By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you.

Treatment:
We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose your protected health information from time to time to another physician or healthcare provider who, at the request of your physician, becomes involved in your care by providing assistance with your diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use your protected health information to provide the treatment required.
Payment:
Your protected health information will be used to obtain payment for your health care services. This may include certain activities that the agency might undertake that may need insurance approval before insurance will pay (reviewing services provided to determine medical necessity).

Health Care Operations:
The agency may use or disclose your protected health information to support the daily activities related to health care, improve your care, and contact you when necessary. These activities include but are not limited to, quality assessment activities, investigations, training of students, and conducting or arranging for other health care related activities.

Public Health:
We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk of contracting the disease
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight:
The agency may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration:
We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

Legal Proceedings:
The agency may disclose protected health information during any judicial or administrative proceeding, in response to a court order meeting requirements of 42 CFR Part 2 and in certain conditions in response to a subpoena, discovery request, or other lawful process. A subpoena is not sufficient. Both the court order and a subpoena must be issued to compel disclosure.

Law Enforcement:
The agency may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct

Effective
September 2015
• Crimes occurring at Santé
• Medical emergencies

**Coroners, Funeral Directors, and Organ Donations:**
The agency may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law.

**Research:**
The agency may disclose your protected health information to researchers when authorized by law, for example, if the research has been approved by an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**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
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**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)

**CHANGES TO THE TERMS OF THIS NOTICE**
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 web site.

I, ____________________________, have received and read the Privacy practices.