



Ride On St. Louis, Inc.
Equine Assisted Activities and Therapies

Notice of Privacy Practices

Effective January, 1st 2009

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. If you have any questions about this notice, please contact our program director at: Ride On St. Louis, 6008 Windsor Harbor Lane, P.O. Box 94, Kimmswick, MO 63053, 636-464-3408

Who Will Follow This Notice: This notice describes the information privacy practices followed by our employees, staff, volunteers, and other office personnel.

Your Health Information: This notice applies to the information and records we have about your health, health status, health care, and services you or your child receive at this center. Your or your child's health information may include information created and received by this center, may be in the form of written or electronic records or spoken words, and may include information about your health history, pathophysiology, impairments, functional limitations, disabilities, test results, treatments, procedures, prescriptions, related billing activity, any similar types of health-related information. We are required by law to give you this notice. It will tell you about the ways we may use and disclose health information about you or your child and describes your rights and our obligations regarding the use and disclosure of that information.

How We May Use and Disclose Health Information About You or Your Child: We may use and disclose health information for the following purposes;

For Treatment and/or Activities: We may use your health information about you or your child to provide you with treatment and/or activities services. We may disclose health information about you or your child to doctors, therapists, office staff, volunteers, or other personnel who are involved in providing services for you or your child.

For Payment: We may use and disclose health information about you or your child so that the treatment and services you or your child receives at this center may be billed to and payment may be collected from you, an insurance company or a third party. For Health Care Operations: We may use and disclose health information about you or your child in order to run the office and make sure that you or your child and our other patients receive quality care.

Phone Messages: We may contact you via phone as a reminder that you have an appointment for treatment, inquire about missing an appointment for treatment, or remind you of schedule changes. We may leave a message on your recorder or with other household members or other persons who might answer your phone. Please notify us if you do not wish to be contacted via phone to remind you that you have an appointment for treatment, inquire about missing an appointment for treatment, or remind you of schedule changes. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not disclose your information for these purposes.

Fundraising: We may use and disclose health information about you or your child for fundraising purposes.

SPECIAL SITUATIONS: We may use or disclose health information about you or your child for the following purposes, subject to all applicable legal requirements and limitations.



To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you or your child when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Required by law: We will disclose health information about you or your child when required to do so by federal, state, or local law.

Research: We may use and disclose health information about you or your child for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your or your child's name, address or other information that reveals who you or your child are, or will be involved in your case at the office. Military, Veterans, National Security and Intelligence: If you or your child are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you or your child. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may use and disclose health information about you or your child for workers' compensation of similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may use and disclose health information about you or your child for public health reasons in order to prevent or control disease, injury, or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities: We may use and disclose health information about you or your child to a health oversight agency for audits, investigations, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil laws.

Lawsuits and Disputes: If you or your child is involved in a lawsuit or dispute, we may disclose health information about you or your child in response to a court or administrative order. Subject to all applicable legal requirements.

Law Enforcement: We may release health information about you or your child if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons of similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information about you or your child to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable: We may use and disclose health information about you or your child in a way that does not personally identify you or reveal who you or your child is.

Family and Friends: We may disclose health information about you or your child to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. Situations where you or your child are not able to give consent: If you are not present or due to your or your child's incapacity or due to a medical emergency, we may, using our professional judgment, determine that a disclosure to your family member or friend is in your or your child's best interest. In that situation, we will disclose only health information relevant to the person's involvement in you or your child's care.

Other Uses and Disclosures of Health Information: We will not disclose your or your child's health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose your or your child's health information, you or your child may revoke that authorization, in writing, at any time. If you or your child revoke the authorization, we will no longer use or disclose information about you or your child for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances we may need specific, written authorization from you or your child in order to disclose certain types of specially protected information such as HIV, substance abuse, and genetic testing information.

Your Rights Regarding Health Information About You or Your Child: You have the following rights regarding health information we maintain about you or your child;

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our program director in order to inspect and/or obtain copies of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

- We may deny your or your child's request to inspect and/or obtain copies of records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you or your child, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend: If you or your child believes health information we have about you or your child is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment as long as the information is kept by this center.

To request an amendment, complete and submit a **MEDICAL RECORD AMENDMENT/CORRECTION FORM** to our program director.

We may deny your or your child's request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

Right to an Accounting of Disclosures: You or your child has the right to request an "accounting of disclosures." This is a list of the disclosures that we made of medical information about you or your child for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions, and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

To obtain a list, you must submit your request in writing to our program director. It must state a time period, which may not be longer than six years and may not include dates before November 23, 2008. Your request should indicate in what form you want the list (for example, on paper, electronically, etc). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing that list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you or your child's treatment, payment, or health care operations. You or your child also have the right to request a limit on the health information we disclose about you or your child to someone who is involved in your or your child's care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you or your child had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you or your child emergency treatment or we are required by law to use or disclose the information. To request restrictions, you may complete and submit the **REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION** to our program director.

Right to Confidential Communication: You or your child have the right to request that we communicate with you or your child about medical matters in a certain way or at a certain location. For example, you or your child may ask that we only contact you at work or by mail.

To request confidential communication, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to our program director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify who or where you wish to be contacted.

Right to a Paper Copy of This Notice: You or your child has the right to a paper copy of this notice. You or your child may ask us to give you or your child a copy of this notice at any time. Even if you or your child has agreed to receive it electronically, you or your child is still entitled to a paper copy.

To obtain such a copy, contact our program director.

Changes to This Notice: We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you or your child as well as any information we receive in the future. We will post the current notice in the office with its effective date in the top right hand corner. You or your child is entitled to the notice currently in effect.

Complaints: If you or your child believe your or your child's privacy rights have been violated, you or your child may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our program director. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT AND CONSENT

I understand that Ride On St. Louis will use and disclose health information about me or my child.

I understand that my or my child's health information may include information both created or received by Ride On St. Louis, may be in the form of written or electronic records or spoken words, and may include information about my or my child's health history, pathophysiology, impairments, functional limitations, disabilities, test results, treatments, procedures, prescriptions, related billing activity any similar types of health-related information.

I understand and agree that Ride On St. Louis may use and disclose my or my child's health information in order to:

- Make decisions about and plan for care and treatment;
- refer to, consult with, coordinate among, and manage along with other health care providers for care and treatment;
- determine eligibility for health plans or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my or my child's health care, and
- perform various office, administrative, and business functions that support ROSL's efforts to provide, arrange, and be reimbursed for quality, cost-effective health care.

I also understand that I have the right to receive and review a written description of how Ride On St. Louis will handle health information about me or my child. This written description is known as a Notice of Privacy Practices and describes the uses and disclosures of health information and the information practices followed by the employees, staff, and other office personnel of Ride On St. Louis, and my rights regarding my or my child's health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy will be posted in the office. I understand that I have the right to ask that some or all of my or my child's health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that Ride On St. Louis is not required by law to agree to such requests.

By signing below, I agree that I have reviewed and understand the information above and that I have received a copy of the Notice of Privacy Practices.

Date: _____

Patient or legal guardian signature: _____