

# T h e W i l d E x p a n s e

## *Expressive Arts Therapy Retreat*

### **NOTICE OF PRIVACY PRACTICES**

This notice describes how health information may be used and disclosed and how you can get access to this information.

### **COMMITMENT TO PRIVACY REGARDING YOUR HEALTH INFORMATION:**

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by these therapists. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that your individually identifiable health information (IIHI) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

The terms of this notice apply to all records containing your IIHI that are created or retained by us. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that we have created or maintained in the past, and for any of your records that we may create in the future. You may request a copy of our most current notice at any time.

### **USE AND DISCLOSURE OF YOUR HEALTH INFORMATION:**

The following categories describe the different ways in which I may use and disclose your IIHI:

- 1. Treatment.** We may use your IIHI to treat you.

- 2. Medical Emergency.** We may provide necessary medical information to medical professionals in the event of an emergency.
- 3. Payment.** We may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us.
- 4. Health Business Operations.** We may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we may use your IIHI to evaluate the quality of care you received or to conduct cost management and business planning activities for the retreat.
- 5. Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member, with your consent, that is involved in your care, or who assists in taking care of you.
- 6. Disclosures Required By Law.** We will use and disclose your IIHI when we are required to do so by federal, state or local law.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- 1. Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or care operations. Additionally, you have the right to request that we restrict disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, however, if I do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the use or disclosure of your IIHI, you must make your request in writing to us. Your request must describe in a clear and concise fashion with the information you wish restricted and whether you are requesting to limit the use, disclosure or both, and to whom you want the limits to apply
- 3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you.
- 4. Amendment.** You may ask for your health information to be amended if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our records.
- 5. Accounting of Disclosures.** All clients have the right to request an accounting of disclosures. "An accounting of disclosures" is a list of certain non routine disclosures this practice has made of your IIHI for non-treatment or operations purposes.
- 6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this notice of privacy practices. You may ask for a copy of this notice at any time.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Your written authorization will be obtained for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide regarding the use and disclosure of your IIHI may be revoked at any time in Writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.