

# DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC

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## PRIVACY POLICY NOTICE

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. We are committed to providing you with high quality care and to forming a relationship with you that is built on trust. We understand that information about you is private and we are committed to protecting this information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal information only for legitimate reasons. This notice describes how your health information may be used and disclosed by us, your rights with regard to your health information which is stored in writing, on a computer, or other means, and we will keep this information in a safe and secure way that protects your privacy and confidentiality.

### **I. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:**

This section describes how we use and disclose your health information. This section is divided into two components: (1) health information excluding psychotherapy notes; and (2) psychotherapy notes.

The first discusses how your health information (excluding psychotherapy notes) will be used and disclosed. Below, we have listed the types of uses and disclosures that we may make. Any use or disclosure that is not listed below will only be made with your written authorization.

The second discusses how we may use and disclose your psychotherapy notes (if we have such information). Frequently, we will be required to obtain your authorization prior to using or disclosing your psychotherapy notes. Below, we discuss the few circumstances under which we can disclose your information without your authorization.

#### **A. Uses and Disclosures of Your Information (Excluding Psychotherapy Notes)**

##### **a. Without Your Written Authorization**

Your health information may be used and disclosed by use for the following purposes without your legal permission. However, prior to making sure use or disclosure, we may have to meet certain requirements.

Treatment, Payment and Business Purposes: We use and disclose your health information to enable us to provide treatment to you, obtain payment for your care, and manage and administer our practice. For instance, we may use and disclose your health information to your insurer, HMO or other third-party payer to obtain payment for the services that we provide you. As another example, in consulting with a specialist regarding your health care treatment, we use and disclose your health information to review the adequacy and quality of the care that you receive. As another example of managing our practice, we may use and disclose your information to create de-identified information to study our treatment patterns and the care that we provide.

Individuals Involved in Your Care or Payment or Notification: We may disclose your information to your family members or friends who are involved in your care or who assist you in paying for your care. If we need to notify family and/or friends of your medical condition and/or location, we may disclose your information. This notification may be via a disaster relief effort, such as the American Red Cross. Appointment Reminders: Your health information may also be used and disclosed by us when we contact you to remind you of an upcoming appointment. We may disclose such information to another entity to assist us in contacting you. Such an entity would be required to protect your information. If you do not want to be contacted for such an activity please call our Privacy Officer at Phone # 724-567-8988.

To You: We will provide you with your health information upon your request for copying and inspection and accounting purposes as discussed further in this notice under "Individual Rights".

Secretary: We may provide your health information to the Secretary of the Department of Health and Human Services in order for the Secretary to investigate issues and determine our compliance with federal privacy requirements.

Required by Law: We will disclose your information when we are required to do so by federal, state or local law.

Public Health Activities: We may disclose your information for public health activities. For example, we may disclose your health information to a public health agency to assist in an investigation of food poisoning. As another example, we may disclose your health information to enable a public health agency to study diseases (e.g. Cancer registries) or deaths of public health importance.

Health Oversight Activities: We may disclose your information for health oversight activities. For example, a health oversight activity may include the disclosure of information in the course of an investigation of a provider's conduct to a state licensing board official.

Cadaveric Organ, Eye or Tissue Donation: We may disclose your information if you are an organ, eye or tissue donor so that we can assist entities with donations and transplants.

To Avert a Serious Threat to Health or Safety: We may use and disclose your information if it is necessary to avert a serious threat to the health and safety of yourself or others or to assist law enforcement authorities in identifying or apprehending an individual.

Coroners, Medical Examiners and Funeral Directors: We may disclose your information to coroners, medical examiners and funeral directors to assist them in identifying a deceased person, determining the cause of death or other duties required for them by law.

Research: We may disclose your information for medical or health-related research. However, this type of disclosure, similar to some others in this category, will require that the recipient (i.e. researcher) ensures that your information is protected.

Abuse, Neglect or Domestic Violence: We may report your health information to government authorities if we have a reasonable belief that a situation involves abuse, neglect or domestic violence.

Judicial and Administrative Proceedings: We may release your health information for judicial and administrative proceedings. Such proceedings would include responses to court orders or subpoenas. Like most other disclosures in this category, certain requirements would need to be met prior to our disclosure to ensure that your privacy is protected.

Workers' Compensation: We may release your health information for the purpose of processing and adjudication workers' compensation claims.

For Specialized Government Functions: We may disclose your information if you a member of the military as required by military authorities. This would also include releases for foreign military personnel. Additionally, we may disclose your information to federal officials for nation security reasons as authorized by law.

Law Enforcement Purposes. We may disclose your information for law enforcement purposes if requested by a law enforcement official. For example, we may disclose your information if it would assist the law enforcement agent in locating a material witness to a crime.

Planning of Health Care Services. We may disclose your health information to assist local health partnerships established by law to plan and ensure health care services. For example, we may provide your information to assist the partnerships in identifying common diseases in a certain community and providing treatment to improve the health of the community.

Quality and Cost of Services. We may provide your information to a nonprofit organization established by law for the purpose of ensuring quality services at reasonable prices. Such a disclosure may be to assist that nonprofit organization in determining the relative quality of services provided by one physician as compared to his peers.

#### **b. All Other Uses and Disclosures Require Authorization**

As stated previously, any use or disclosure that is not listed above will only be made with your written authorization. Once you execute an authorization, you have the right to revoke that authorization in writing to prevent future use and disclosure of your health information. However, you may not revoke the authorization for the purpose and disclosure to the extent that the recipient of your health information has already taken action and relied upon it.

#### **B. Use and Disclosure of Psychotherapy Notes**

We may use and disclose your psychotherapy notes as stated below. However, all other uses and disclosures of your psychotherapy notes will require us to obtain an authorization from you.

Limited Treatment, Payment and Business Purposes. We may use or disclose your psychotherapy notes if (1) we created the psychotherapy notes and we are using or disclosing them for your treatment purposes; (2) such use or disclosure is for the purpose of providing training to students, trainees or practitioners under our supervision; (3) such use or disclosure is for the purpose of defending ourselves or our practice against a legal action or other proceeding brought by you. We will obtain your consent prior to any such use or disclosure; as such consent is part of our standard practice prior to using and disclosing your health information for treatment, payment or business purposes.

Secretary. We may provide your psychotherapy notes to the Secretary of the Department of Health and Human Services in order for the Secretary to investigate us and determine our compliance with federal privacy requirements.

Required by Law. We will disclose your information when we are required to do so by federal, state or local law.

To You. Depending upon your specific circumstances, we may provide your psychotherapy notes to you for inspection and copying purposes upon your request.

Health Oversight Activities. We may disclose your psychotherapy notes for the health oversight activities if we are the creators of the notes and they are needed to investigate our conduct.

To Avert a Serious Threat to Health or Safety. We may use and disclose your psychotherapy notes if it is necessary to avert a serious threat to the health and safety of yourself and others.

Coroners and Medical Examiners. We may disclose your psychotherapy notes to coroners or medical examiners to assist them in identifying a deceased person, determining cause of death or other duties required for them by law.

## **II. YOUR RIGHTS**

Restriction on Release. You may request that we not use or disclose your health information (1) for your treatment, payment or the administration/management of our practice; (2) in notifying family members and friends of your condition or location; (3) to family and friends involved in your care. We will consider your request but are not legally required to accept it. If we do accept your request, we will not use or disclose your health information except as agreed unless it is required in emergency situations.

Confidential Communications. You may request in writing that we communicate with you at a different location (e.g. at work rather than home) or in an alternative manner (e.g. using a sealed envelope rather than a postcard) We will try to accommodate your request provided that you specify the alternative contact or method and pay any additional costs related to such requests.

Access and Amendment. In most cases, you have the right to inspect or receive a copy of your health information that we use to make decisions about you. Additionally, if you believe that your information in your record is incorrect or if important information is missing, you have the right to request that this information be corrected or amended.

Accounting. You may request a limited list of instances where we have disclosed your health information. The list of disclosures includes only those disclosures occurring after HIPAA April 14, 2003. Further, the list will not include disclosure: (1) for treatment, payment or related administrative/management purposes; (2) to you; (3) to friends/family involved in your care or payment for your care or notifying your friends/family in situations where you indicate that you agree to the disclosure; (4) under certain circumstances for national security or intelligence purposes; (5) to correctional institutions or law enforcement officials having lawful custody of an inmate or information about an inmate or individual, under certain conditions. Additionally, disclosures to health oversight agencies or law enforcement officials may be temporarily suspended if such disclosures delay the activities of the agency or official.

Notice. You may obtain a paper copy of this notice from us upon request, regardless of whether you have received this notice electronically.

## **III. OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. We must abide by the terms of the notice currently in effect.

However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that we maintain. We will change our privacy policies at any time. However, before we make a significant change in our privacy policies, we will change our notice and post the new notice. The Privacy Notice will be made available to you. You can always request a copy of our notice at any time by contacting us as discussed below.

## **IV. COMPLAINTS**

If you feel that your privacy rights have been violated, you may inform us by contacting Privacy Officer at Phone #724-567-8988. Additionally, you may send a written complaint to the Secretary of the Department of Health and Human Services. DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC will not punish or retaliate against you for filing any complaint.

## **V. CONTACT US**

If you have additional questions, please contact us at Phone #724-567-8988. This notice of privacy practices is effective on **January 20, 2020**.