



# ROCK, Ride On Center for Kids

## Notice of Privacy Practices



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### Notice Of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**This Notice of Privacy Practices tells you about the ways we may use and disclose your protected health information and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to ROCK, Ride On Center, including its providers and employees.**

**Please review this notice carefully.**

#### **A. Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. 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 of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our center in a visible location at all times, and you may request a copy of our most current Notice at any time.**

#### **B. If you have questions about this Notice, please contact:**

**Nancy Krenek, Chief Executive Officer, or Joan Cutler Program Coordinator, 2050 Rockride Lane, Georgetown, TX 78626, (512) 930-7625**

#### **C. We may use and disclose your PHI in the following ways:**

The following categories describe the different ways in which we may use and disclose your PHI.

**1. Treatment.** We may use and disclose medical information about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may disclose medical information about you to physicians, nurses, other health care providers and personnel who are providing or involved in providing health care to you (both within and outside of ROCK).

**2. Payment.** We may use and disclose your PHI in order to bill and collect payment for the services you receive from us. For example, we may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your

insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health care operations.** We may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

**4. Release of information to family/friends.** We may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to ROCK, Ride On Center for a session. In this example, the baby sitter may have access to this child's medical information.

**5. Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

**6. Breach of PHI.** Our practice will notify you if a breach of your PHI occurs. You have the right to know of such occurrences.

#### **D. Use and disclosure of your PHI in certain special circumstances:**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**1. Public health risks.** We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult participant (including domestic violence); however, we will only disclose this information if the participant agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**2. Health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and similar proceedings.** We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our center,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

**5. Research.** We may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

(A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the

identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;

(B) The research could not practicably be conducted without the waiver,

(C) The research could not practicably be conducted without access to and use of the PHI.

**6. Serious threats to health or safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**7. Military.** We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**8. National security.** We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

**9. Inmates.** We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**10. Workers' compensation.** We may release your PHI for workers' compensation and similar programs.

#### **E. Your rights regarding your PHI:**

You have the following rights regarding the PHI that we maintain about you:

**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. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Kristin Witcher, Program Director, 2050 Rockride Lane, Georgetown, TX 78626 (512) 930-7625** specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate **reasonable** requests. You do not need to give a reason for your request.

**2. Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI 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 we 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 our use or disclosure of your PHI, you must make your request in writing to **Kristin Witcher, Program Director, 2050 Rockride Lane, Georgetown, TX 78626 (512) 930-7625**. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

**3. Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including participant medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Kristin Witcher, Program Director, 2050 Rockride Lane, Georgetown, TX 78626 (512) 930-7625** in order to inspect and/or obtain a copy of your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information 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 practice. To request an amendment, your request must be made in writing and submitted to **Kristin Witcher, Program Director, 2050 Rockride Lane, Georgetown, TX 78626 (512) 930-7625**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be

permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of disclosures.** All of our participants have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures we have made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine participant care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Kristin Witcher, Program Director, 2050 Rockride Lane, Georgetown, TX 78626 (512) 930-7625**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Kristin Witcher, Program Director, or Joan Cutler, Program Coordinator, 2050 Rockride Lane, Georgetown, TX 78626 (512) 930-7625**

**7. 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. We will assure that the person has this authority and can act for you before we take any action.

**8. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with ROCK, Ride On Center with the Department of Health and Human Services Office for Civil Rights. To file a complaint with our practice, contact **Nancy Krenek, Chief Executive Officer, 2050 Rockride Lane, Georgetown, TX 78626, (512) 930-7625**. You can file a complaint with the 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**9. Right to provide an authorization for other uses and disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

**Again, if you have any questions regarding this notice or our health information privacy policies, please contact Nancy Krenek, Chief Executive Officer, or Shannon Middleton, Safety and Education Director, 2050 Rockride Lane, Georgetown, TX 78626, (512) 930-7625**



ROCK, Ride On Center for Kids



# Notice of Privacy Practices Acknowledgement

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## Notice of Privacy Practices Acknowledgement

I have been given the opportunity to review the ROCK, Ride On Center "Notice of Privacy Practices". This document contains a description of the uses and disclosures of my healthcare information and my rights regarding such information. ROCK, Ride On Center displays the "Notice of Privacy Practices" in the Welcome Center.

I understand that ROCK, Ride On Center has the right to change its "Notice of Privacy Practices" and that if changes are made, a revised copy of the notice will be posted in the Welcome Center. I also understand that if I have any questions or wish to receive copies or a current copy of the "Notice of Privacy Practices", I may contact:

**Nancy Krenek and/or Joan Cutler**  
**2050 Rockride Lane**  
**Georgetown, TX 78626**  
**Telephone: (512) 930-7625 Fax: (512) 863-9231**

By signing this form, I am acknowledging I have read the "Notice of Privacy Practices" and agree to the uses and disclosure information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission. I understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws.

### SIGNATURES:

Participant's name: \_\_\_\_\_

Participant/Legal Representative's signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Legal Representative, printed name and relationship to Participant: \_\_\_\_\_

Witness (optional): \_\_\_\_\_ Date: \_\_\_\_\_