



HORIZONS SPECIALIZED SERVICES

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: APRIL 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY**

This Notice will tell you how Horizons may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as “medical information.” In this Notice, we simply call all of that protected health information, “health information.”

This Notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION TO YOU

Horizons use and disclose health information about you for a number of different purposes. Each of those purposes is described below. Horizons will continue to get releases from you per our current policies whenever possible, before disclosing your protected health information.

1. For Treatment

We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may disclose health information about you to doctors, nurses, hospitals, and other health care providers who are involved in supporting you or in providing for your care. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and implement your Individual Plan. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor’s visit, physical therapy, etc. We may also occasionally share health information about you with Emergency Organizations within our community. (hospitals and emergency rooms, EMT, Fire Dept., police and sheriff) to be proactive in ensuring that you will be properly cared for in the event of an emergency.

2. For Payment

We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, Medicaid or another State agency or a third party payor. For example, we may need to give Medicaid information about the services we provide to you so we can be reimbursed for those services. We also may need to provide a government program, (such as Medicare, Medicaid, LEAP, SSI, SSDI) with information about your medical condition and the health care you need to determine your eligibility for that program.

3. For Health Care Operations.

We may use and disclose health information about you for our own operations. This necessary for us to operate Horizons and to maintain quality services for our clients. For example, we may use health information about you to review the services we provide and the performance of our employees in supporting you. We may disclose health information about you to train our staff, volunteers and students working at Horizons.

4. How We May Contact You.

We may use your health information to provide appointment reminders to you or to provide information about treatment alternatives or other health related benefits and services that may be of interest to you. Unless you tell us otherwise in writing, we may contact you by telephone, by mail, or by e-mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail or with a roommate, relative or your counselor. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 3 of this Notice.

5. Fundraising.

We may use your address to contact you to raise funds for Horizons. We may also disclose your address to a business associate of Horizons or a foundation related to Horizons so they may contact you to raise funds for the benefit of Horizons. We will only release this information and your relationship to Horizons (for example: parent, sibling, guardian). We will obtain your permission if we ever disclose more information about you in our fundraising material. If you do not want Horizons or its foundations to contact you for fundraising, you must notify Central Administration Office, P.O. Box 774867, Steamboat Springs, CO 80477 in writing.

6. Disclosures to Family and Others.

A. Family, Parent/Guardian, Personnel Representative

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person’s involvement with the service and supports you receive. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify your Service Coordinator. (See attached contact list.)

B. Parents and Their Minor Children’s Health Information

The Privacy Rule generally allows parents, as their minor child’s personal representatives, to have access to information about the health and well being of their children when state or other underlying law allows parents to make treatment decisions for their child.

There are two exceptions to the above statement:

- When the parent agrees that the minor and the health care provider may have a confidential relationship, the provider is allowed to withhold information from the parent to the extent of that agreement. If a parent agrees to this, the person giving the care should make an easily identifiable record of this agreement in the patient chart.
- When the provider reasonably believes in his or her professional judgment that the child has been or may be subjected to abuse or neglect, or that treating the parent as the child’s personal representative could endanger the child, the provider is permitted not to treat the parent as the child’s personal representative with respect to health information.

C. Disclosures Not Requiring Authorization

We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts; when we are required to do so by law; for public health activities and purposes, preventing or controlling disease; for adult or child protective service reports or domestic violence; to the United States Food and Drug administration for regulated products or activities; or for health oversight activities/audits/investigation/inspections/licensure; to comply with worker’s compensation and similar laws; or disciplinary actions. We may also disclose

health information about you for judicial or administrative proceedings in response to a court or administrative order or provide health information in response to a subpoena, discovery request or other legal process after making efforts to tell you about the request; to correctional institutions or law enforcement officials if you are in their custody and it is necessary to provide health care to you, for the health and safety of others or for the safety, security and good order of the correctional institution. Other disclosures may occur for law enforcement purposes; to a coroner or funeral directors to enable them to carry out their lawful duties; for organ donation purposes; for research; to avert serious threat to health or safety; for national security and intelligence; and for protective services of the President of the United States of America.

D. Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying your Service Coordinator in writing. (See attached contact list.) However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

1. Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of health information about you. You also have the right to request that we restrict the uses or disclosures we make to:

- A family member, other relative, a close personal friend or any other person identified by you; or,
- Public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time to your Service Coordinator (See attached contact list) and tell us what information you want to limit and to whom.

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

2. Right to Receive Confidential Communications.

You have the right to request that we communicate health information to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We may require an alternate address or other method to contact you. Submit this request to your Service Coordinator in writing. (See attached contact list)

3. Right to Inspect and Copy.

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of your health information. To do so, you must submit your request in writing to your Service Coordinator. (See attached contact list.) Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing. We will act on your request as soon as possible.

We may deny your request to inspect and copy health information if the health information involved is:

- Psychotherapy notes;
- Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review.

4. Right to Amend.

You have the right to ask us to amend health information about you. You have this right for so long as the health information is maintained by us. To request an amendment, you must submit your request in writing to your Service Coordinator (See attached contact list). Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the health information maintained by us;
- Would not be available for you to inspect or copy; or,
- Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved.

5. Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of certain health information about you as provided by 45CFRB164.528. Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our facility directory or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to your Service Coordinator. (See attached contact list) Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge,

we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

6. Right to Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. To obtain a paper copy of this Notice, contact your Service Coordinator (See attached contact list.)

Our Duties

1. Generally.

We are required by law to maintain the privacy of health information about you and to provide you with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

2. Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

3. Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted at our main offices in Craig and Steamboat Springs. At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting your Service Coordinator (See attached contact list.)

4. Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You will not be retaliated against for filing a complaint. Individuals should attempt to resolve the matter by informal means whenever possible.

To file a complaint with us, contact Director of Administration, P.O. Box 774867, Steamboat Springs, CO 80477, (970) 879-4466. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

5. Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Amy Ibarra, Privacy Officer, P.O. Box 774867, Steamboat Springs, CO 80477, (970) 879-4466.