

Dragonfly Therapy Services & Institute HIPPA Disclosure

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

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. Protected Health Information ("PHI") is information about you, including demographic information that may identify you as a patient. This information relates to your past, present, or future physical or mental health or condition and related healthcare services. Federal law and regulations specifically protect the confidentiality of alcohol and drug abuse patient records. State law specifically protects the confidentiality of mental health patient records. Julie Merriman is required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on disclosing any information that identifies you as an alcohol, drug, and/or mental health patient. The violation of these laws or regulations by this program is a crime. If you suspect a violation, you may file a report to the appropriate authorities in accordance with applicable law.

How We May Use and Disclose Health Information About You

- For Treatment. We may use medical and clinical information about you to provide healthcare services to you.
- For Payment. We may use and disclose medical information about you so that we can receive payment for the treatment services provided to you. This will only be done with your authorization.
- For Healthcare Operations. We may use and disclose your PHI for certain purposes in connection with the operations of our program.
- Without Authorization. Applicable law also permits us to disclose information about you without your authorization in a limited number of other situations, such as with a court order. These situations are explained on the following pages.
- With Authorization. We must obtain written authorization from you for other uses and disclosures of your PHI. Your Rights Regarding Your PHI. You have the following rights regarding PHI we maintain about you:
 - Right of Access to Inspect and Copy. You have the right, which may be restricted in certain circumstances, to inspect and copy PHI that may be used to make decisions about your care. We will charge a reasonable cost-based fee for copies.
 - Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
 - Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures that we make of your PHI.
 - Right to Request Restrictions. You have the right to request a restriction or limitation on the use or of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request. Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
 - Right to a Copy of This Notice. You have the right to a copy of this notice.
- Complaints. You have the right to file a complaint in writing to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint. If you have any questions about this Notice of Privacy Practices, please contact:
Julie Merriman (325) 665-4381

This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI") in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time.

How We May Use and Disclose Health Information About You

Listed below are examples of the uses and disclosures that Julie Merriman may make of your PHI. These examples are not meant to be exhaustive, but describe the types of uses and disclosures that may be made. Uses and Disclosures of PHI for Treatment, Payment, and Healthcare Operations

Treatment

Your PHI may be used and disclosed by your medical providers, therapists, program staff, and others outside of our program who are involved in your care for the purpose of providing, coordinating, or managing your healthcare treatment and any related services. This includes coordination or management of your healthcare with a third party, consultation with other healthcare providers, or referral to another provider for healthcare treatment. In addition, we will disclose your protected health information to other healthcare providers (e.g., external pharmacy and laboratory), provided we have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. Except for emergency services, we will not send your PHI to an outside healthcare provider who is caring for you unless you give us written authorization to do so.

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Payment

Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. We may share your PHI with third parties that perform various business activities (e.g., collections) for Julie Merriman, provided we have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI. We will not use your PHI to obtain insurance payment for your healthcare services without your written authorization.

Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities of our program including but not limited to performance improvement activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. We may share your PHI with third parties that perform various business activities (e.g., audits, legal) for Julie Merriman, provided we have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI.

Other Uses and Disclosures That Do Not Require Your Authorization Consistent with State Law

We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Health Oversight

We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control.

Medical Emergencies

We may use or disclose your PHI in a medical emergency situation to medical personnel only. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Child Abuse or Neglect

We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

Deceased Patients

We may disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Criminal Activity on Program Premises/Against Program Personnel

We may disclose your PHI to law enforcement officials if you have committed a crime on clinic premises or against clinic personnel.

Court Order

We may disclose your PHI if the court issues an appropriate order and follows required procedures. Your PHI will also be released to our Corporate Attorney.

Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization at any time, except to the extent that action has been taken in reliance on the authorization of the use or disclosure you permitted prior to revocation.

Your Rights Regarding Your Protected Health Information

Your rights with respect to your Protected Health Information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

- You have the right to inspect and copy your Protected Health Information.
- You may inspect and obtain a copy of PHI that is contained in a designated record set for as long as we maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you. We will charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access. Please contact our Privacy Officer if you have questions about access to your medical record.
- You may have the right to request amendment of your Protected Health Information.
- You may request, in writing, that we amend PHI that has been included in a designated record set. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of

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disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of it. Please contact the Privacy Officer if you have questions about amending your medical record.

- You have the right to receive an accounting of some types of Protected Health Information disclosures.
- You may request an accounting of disclosures for a period of up to six years (excluding disclosures made to you, made for treatment purposes, made as a result of your authorization, and certain other disclosures). We will charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact the Privacy Officer if you have questions about accounting of disclosures.
- You have a right to receive a paper copy of this Notice.
- You have the right to obtain a copy of this Notice from us. Any questions should be directed to our Privacy Officer.
- You have the right to request added restrictions on disclosures and uses of your Protected Health Information.
- You have the right to ask us not to use or disclose any part of your PHI for treatment, payment, or healthcare operations or to family members involved in your care.
- Your request for restrictions must be in writing, and we are not required to agree to such restrictions. Please contact our Privacy Officer if you would like to request restrictions on the disclosure of your PHI.
- You have a right to request confidential communications.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. We will not ask you why you are making the request. Please contact the Privacy Officer if you would like to make this request.

Complaints

If you believe we have violated your privacy rights, you may file a complaint in writing to us by notifying or Julie Merriman, (325) 665-4381. We will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services. The effective date of this notice is May 15, 2005.