

COUGAR SOUND SPIRITS HEALING CENTER

77 Penacook Road, North Sutton, NH 03260

Notice of Privacy Practices

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

We are committed to protecting healthcare information about you. We are now required by law to maintain the privacy of your personal information and to give you this notice of our privacy practices, our legal duties and your rights concerning your private health information. This notice became effective on April 14, 2003 and will remain in effect until replaced. The Cougar Sound Spirits Healing Center reserves the right to revise or change this notice at any time. Any such revision will affect information we already have about you and any information we receive in the future.

Uses and Disclosures of Your Health Information

CSSHC uses and discloses your personal health information for purposes of treatment, payment and healthcare operations. The following categories describe the ways that we use and disclose medical information.

Treatment: We may use or disclose your personal health information to a physician or other healthcare provider who is providing treatment to you and although it is not required, we will retain written authorization from you to disclose your mental health information to other providers involved in your treatment.

Payment: Your health information may be used or disclosed to determine and remit proper payment for covered services under your health service plan.

Healthcare Operations: We may use and disclose health information about you for practice operations. The uses and disclosures are necessary to run the practice and make sure our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may remove information that identifies you from a set of health information so others may use it to study health care and health care delivery without learning whom the specific patients are.

Disclosures Required by Law: CSSHC may use or disclose your health information when it is required to do so by law. For example, your health information may be disclosed to comply with a court order, an administrative order, a subpoena, or other lawful process.

Follow Up Phone Calls: We may contact you after your physician or provider visit at our practice or in the hospital to see how you are feeling and answer any questions.

Phone Consults: Follow up phone consults that are detailed and lasting longer than 10 mins will be billed. Most insurance companies will not pay for phone consults. You understand you may be responsible for the charges.

Treatment Alternatives: We may use or disclose health information to tell you about or recommend possible treatment options or alternatives.

Individuals Involved in Your Care or Payment for Your Care: In an emergency we may use or disclose your health information to notify a family member or other person responsible for your care of your location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief to inform your family about your condition. We may also provide health information about you to someone who pays for your care.

Workers' Compensation: We may release healthcare information about you for workers' compensation programs.

Public Health Risks: We may disclose health information about you for public health activities. This might include preventing or controlling disease, to report child or elder abuse or neglect, to report reactions to medications or problems with products, to notify patients or people of recalls.

Health Oversight Activities: We may disclose healthcare information to a health oversight agency for activities authorized and required by law. These oversight activities include audits, investigations, inspections, and licensure.

Coroners, Medical Examiners and Funeral Directors: We may release information to a coroner or a medical examiner.

Inmates: If you are an inmate or under the custody of a law enforcement organization/official, we may release health information about you to the correction institute or law enforcement official.

Other Disclosures: Other uses and disclosures of health information not covered by this notice of the law that apply to us will be made only with your written permission. If you provide us written permission to use or disclose healthcare information about you, you may revoke that permission, in writing, any time. We are unable to take back any disclosures we have already made with your permission.

Your Rights Regarding Healthcare Information About You

Right to Inspect and Copy: You have the right to inspect and copy your health information, which CSSHC maintains. To inspect and copy your health information, please contact the Practice Manager/Privacy Officer at this office. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies needed to fulfill your request.

Right to Amend: If you feel your health information is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the practice manager. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of health information maintained by CSSHC;
- Was not created by CSSHC unless the person or entity creating the information is no longer available to make the amendment;
- Is not part of the information you would be permitted to inspect or copy;
- The information you seek to amend is accurate and complete.

Right to an Accounting of Disclosure: You have the right to request an "Accounting of Disclosure" if any such disclosure was made for any purpose other than treatment, payment or healthcare operations. To request an accounting of disclosures, you must submit your request in writing to the Practice Manager. Your request must state a time period, which may not be longer than six (6) years and which may not include dates prior to April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or healthcare operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care. You may request the restriction in writing to the Practice Manager. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning your health information only in certain ways or certain locations. For example, you may request that we only contact you at work or by email. Any such request must be made in writing to the Practice Manager. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. To obtain a copy of this notice, please contact the Practice Manager at CSSHC.

How to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with the CSSHC Practice Administrator or with the Secretary of the Department of Health and Human Services. This complaint must be in writing. You will not be penalized for filing a complaint.

Cougar Sound Spirits Healing Center
Practice Administrator
77 Penacook Road
North Sutton, NH 03260
(603) 927-4526

Signature

Date

Effective Date: November 1, 2013