

Notice of Privacy Practices

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.

Turn-About Ranch, Inc. 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 Protected Health Information (PHI). PHI is any health information that is identifiable to you.

Effective date of this notice: Aug. 1, 2014

I. How Turn-About Ranch, Inc. (TAR) May Use or Disclose Your Health Information

TAR collects PHI from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of TAR, but the information in the medical record belongs to you. TAR protects the privacy of your PHI. The law permits TAR to use or disclose information without your written authorization for the following purposes:

1. Treatment. TAR provides a variety of comprehensive behavioral health treatment and service using a provider network of employed and contracted physicians and clinicians, as well as contracted specialty medical services (“Business Associates”). Medical treatment includes but is not limited to:
 - Routine Care (histories and physicals, screening exams, etc.);
 - Diagnostic treatment (x-rays, lab tests, etc.);
2. Payment. We may use and disclose PHI to provide payment for services that we provide to you. Payors are insurance companies (including HMOs, PPOs, Medicare, etc.) and others who arrange or pay the cost of some or all of your health care. Your insurance company may release some or all of your PHI to the primary policy holder.
3. Regular Health Care Operations. Your PHI will be provided to TAR employees or “business associates” who participate in meeting your health care needs. This includes, but is not limited to: scheduling appointments, appointment reminders, greeting you on arrival, assisting your physician during the office visit, and transcribing and maintaining your records. We may use your PHI to evaluate the quality and competence of our physicians, counselors, nurses, and other health care workers.
4. Information Provided to You. Upon your signed authorization, information will be released to you.
5. Notification and Communication with Family. We may disclose your PHI to a family member, your personal/legal representative (one who has a valid Power of Attorney for health care, a conservator, or a guardian) or another person responsible for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or

unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by Law. As required by law, we may use and disclose your PHI.
7. Public Health. As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease; injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
8. Health Oversight Activities. We may disclose your PHI to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
9. Judicial and Administrative Proceedings. We may disclose your PHI in the course of any administrative or judicial proceeding.
10. Law Enforcement. We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased Person Information. We may disclose your PHI to coroners, medical examiners, and funeral directors.
12. Public Safety. We may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

II. When TAR May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, TAR will not use or disclose your PHI without your written authorization. The law requires that TAR obtain your authorization to use or disclose your PHI:

1. For marketing purposes or the sale of your PHI.
2. Related to your psychotherapy notes.
3. For fundraising communications sent to you.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your PHI. However, TAR is not required to agree to the restriction that you requested.
2. You have the right to request and receive your PHI in an electronic format.
3. Upon written request, you have the right to receive your PHI through a reasonable alternative means or at an alternative location.

4. You have the right to inspect and request a copy of your PHI. You should take note that, if you are a parent or a legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you.
5. You have a right to request that TAR amend your PHI that is incorrect or incomplete. TAR is not required to change your PHI and will provide you with information about the TAR denial process, and how you can disagree with the denial.
6. You have a right to receive an accounting of disclosures of your PHI made by TAR, except that TAR does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), and 4 (information provided to you), of section I of this Notice of Privacy Practices.
7. You have a right to a paper copy of this Notice of Privacy Practices.
8. You have the right to revoke your authorization to use or disclose PHI, except to the extent that action has already been taken based on a previous authorization.
9. You have the right to receive notice from TAR following a breach of your unsecured PHI.
10. You have the right to choose not to receive any fundraising communications from TAR.
11. You have the right to request that TAR restrict the disclosure of your PHI to health plans for services that you paid for fully at your own expense.

IV. Changes to this Notice of Privacy Practices

TAR reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, TAR is required by law to comply with this Notice.

V. How to Contact Us About Your Privacy Rights

If you have a complaint about this Notice or how TAR handles your PHI, or if you want more information about your privacy rights and how to use them, please call or write to us at:

Turn-About Ranch, Inc.
PO Box 345
Escalante, UT 84726
1-800-842-1165

TAR will not retaliate against you for filing a complaint.

VI. Complaints

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>.

