



NOTICE OF PRIVACY PRACTICES

During your treatment at Dry Creek Therapy, staff members may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Dry Creek Therapy.

Dry Creek Therapy is committed to protecting patient privacy. We are required by law to provide you with this Notice of Privacy Practices and to make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

I. When We May Use and Disclose Your Medical Information: We may use or disclose your health information only when you have given us your written authorization for the following reasons:

Marketing – We will obtain your written authorization before using your health information to send marketing materials.

Photos/Video - We will obtain your verbal consent before using any photos, or video footage of you for use in educational or promotional purposes.

Highly confidential information – There are additional protections for certain confidential health information.

II. When We May Use and Disclose Your Medical Information Without Your Written Authorization:

Payment – We may use or disclose your information to obtain payment for services provided to you.

Notice of Privacy Practices Treatment – We may disclose your information to another health care provider so they can treat you; to provide appointment reminders; or to provide information about treatment alternatives.

Health care operations – This includes using your information for certain activities that are necessary to operate the practice and ensure that patients receive quality care.

Reminders – To remind you of appointments or other information about new or alternative treatments or other health care services for the purposes of care coordination.

As required by law – We will disclose your medical information if we are required to do so by federal, state or local law.

Business Associates – We may disclose information about you to our business associates so they can perform the services that we have contracted them to do for us. For example, we may disclose your information to attorneys, or collection and accreditation organizations.

Public health activities – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

III. Your Rights Regarding Your Medical Information Right to Inspect and Copy Your Health Information –

You may request access to your health information to review or request copies of the information. This usually includes medical and billing records maintained by Dry Creek Therapy & Wellness.

Right to receive an electronic copy of your electronic medical record – You have the right to request an electronic copy of your medical information. If the form and format are not readily producible, we will work with you to create a reasonable electronic form or format. (Include instructions on how to receive a copy of the information and if there are fees associated with this request.)

Right to request restrictions on the use or disclosure of your health information – You have the right to request restrictions on the use or disclosure of your medical record to your health plan for payment or health care operations if you have paid in full for the treatment out-of-pocket. This request must be in writing and identify what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply.

Right to request to correct or amend your health information – You may ask us to correct your health information. We will consider all requests and may deny your request for legitimate reasons, for example, if we determine that the record is accurate and complete.

Right to request confidential communications – You can request that we communicate with you about medical matters in a certain way.

Right to be notified of a breach – We will notify you in the event of a breach of your protected health information.

Right to receive an accounting of disclosures of your record – You can request a list of certain disclosures we have made of your health information. This information will not include disclosures for treatment, payment, health care operations, disclosures you have authorized and certain other disclosures. To request this list of disclosures you must submit your request in writing, and must state the time period for which you would like the accounting. If you request more than one accounting in any 12-month period, we may charge you a reasonable fee.

Right to a paper copy of this notice – You have the right to receive a paper copy of this notice and may ask for a copy at any time. This notice is also available on our website: www.drycreekpt.com.

IV. Changes to this Notice - We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If the terms of this notice are changed, Dry Creek Therapy & Wellness will provide you with a revised notice upon request and will post the revised notice.

V. Complaints or Questions - If you believe your privacy rights have been violated you may file a complaint with us by notifying our Privacy Officer Annette Spencer (aspencer@drycreekpt.com) or the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.