**HIPAA NOTICE OF PRIVACY PRACTICE**

This notice explains how your medical information may be used and disclosed, and how you can access this information. Please read it carefully.

The terms of this Notice of Privacy Practices ("Notice") apply to Colorful Horizons, LLC, its affiliates, and employees. Colorful Horizons, LLC will share patients' protected health information as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are legally required to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices regarding this information. We must follow the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to implement a new Notice of Privacy Practices for all protected health information maintained by Colorful Horizons, LLC. We will notify you if there is a breach of your unsecured protected health information. Additionally, we must inform you if any state law related to the privacy of your health information is more stringent than the standards under the Federal Health Insurance Portability and Accountability Act ("HIPAA"). You can obtain a copy of any revised Notice of Privacy Practices or information about specific state laws by mailing a request to the Privacy Officer at the address below.

**RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Obtain a copy of your paper or electronic medical record**

You have the right to see or get a copy of your medical record and other health information we have about you. Requests for access to your medical records must be in writing and signed by you or your legal representation. To do so, obtain a “Patient Access to Health Information” form from the front desk, or you can request one by contacting the Privacy Officer at the number below.

**Amendments or corrections to your medical record**

You have the right to request an amendment or correction to health information about you that you think is incorrect or incomplete. Requests for amendments or corrections to your medical records must be in writing and signed by you or your legal representation. To do so, obtain an “Amendment Request” form from the front desk, or you can request one by contacting the Privacy Officer at the number below. We are not obligated to make requested amendments. We may notify employees of approved amendments if necessary.

**Restrictions on use and disclosures of your protected health information**

You have the right to requests that we not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may deny it if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you have the right to request that we not to share that information for the purpose of payment or our operations with your health insurer. We will approve this request unless a law requires us to share that information. If we agree to any discretionary restrictions, we reserve the right to remove such restrictions at our discretion. We will notify you if we decide to remove a restriction imposed under this agreement. You also have the right to withdraw any restriction, either in writing or orally, by communicating your desire to the individual responsible for medical records.

**Accounting for disclosures of your protected health information**

You have the right to receive an accounting of certain disclosures we have made of your protected health information. Requests must be submitted in writing and signed by you or your legal representative. To do so, obtain an “Accounting Request” form from the front desk, or you can request one by contacting the Privacy Officer at the number below. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Right to a paper copy of this privacy notice**

You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You can request one by contacting the Privacy Officer at the number below.

**Right to notice of breach**

We are required by law to maintain the privacy and security of your protected health information. We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information, as well as inform you of what steps you may need to take to protect yourself. We must follow the duties and privacy practices described in this notice and give you a copy of it.

**File a complaint if you feel your rights are violated**

If you feel we have violated your rights, file a complaint by contacting the Privacy Officer list below. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Authorization and consent**

Except as described below, we will not use or disclose your protected health information for purposes other than treatment, payment, or health care operations without your signed authorization. You have the right to revoke this authorization in writing, effective upon our receipt of your written revocation. However, the revocation will not apply to any actions we have already taken in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

**Treatment**

We will make uses and disclosures of your protected health information as necessary for your treatment. Medical professionals involved in your care will use the information in your medical record, along with details you provide about your symptoms and reactions to your treatment. This information may include procedures, medications, tests, and your medical history.

**Payment**

We will make uses and disclosures of your protected health information as necessary for payment purposes. We may send information about your medical procedures and treatment to your insurance company to arrange payment for the services provided. We may also use your information to prepare a bill to send to you or the person responsible for your payment.

**Health care operations**

We will make uses and disclosures of your protected health information as necessary, and as permitted by law, for our health care operations. Permitted uses may include clinical improvement, professional peer review, business management, accreditation, and licensing. For example, we may use and disclose your protected health information to enhance clinical treatment and patient care.

**Business associates**

Certain aspects of our services are performed through contracts with external individuals or organizations, such as auditing, accreditation, outcomes data collection, and legal services. At times, we may need to provide your protected health information to these external entities to assist us with our health care operations. In all cases, we require these associates to safeguard the privacy of your information appropriately.

**Appointments and services**

We may contact you with appointment updates or information about your treatment and other health-related benefits and services that may interest you. You have the right to request, and we will accommodate reasonable requests, to receive communications about your protected health information through alternative means or at alternative locations. For example, if you prefer appointment reminders not be left on voicemail or sent to a specific address, we will honor reasonable requests. You must provide an appropriate alternative address or method of contact. Additionally, you have the right to request that we stop sending you marketing materials. We will make every effort to honor such requests. You can send these requests, in writing, by contacting the Privacy Officer at the number below.

**Individuals involved in your care**

We may occasionally disclose your protected health information to designated family members, friends, or others involved in your care or payment for your care to facilitate their involvement. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure is in your best interest, we may share limited protected health information with these individuals without your approval. Additionally, we may disclose limited protected health information to a public or private entity authorized to assist in disaster relief efforts to help locate a family member or other persons involved in your care.

**Research**

In certain circumstances, we may use and disclose your protected health information for research purposes. When your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements enforced by an Institutional Review Board overseeing the research or by the researchers' commitments to limit their use and disclosure of your information.

**Fundraising**

We may utilize your information to reach out to you for fundraising endeavors. Your contact details may be shared with an affiliated foundation for similar purposes. Should you prefer not to be contacted by us or the foundation for fundraising initiatives, please submit your request in writing to the Privacy Officer at the contact information listed below.

**Other uses**

We may be permitted or required by law to make certain other uses and disclosures of your protected health information without seeking your consent or authorization for the following purposes:

* Any purposes mandated by law;
* Engaging in public health activities, such as mandatory reporting of immunizations, diseases, injuries, births, and deaths, or participating in public health investigations;
* Reporting suspicions of child abuse or neglect, or if we suspect you to be a victim of abuse, neglect, or domestic violence;
* Reporting adverse events, product defects, or participating in product recalls to the Food and Drug Administration;
* Reporting to law enforcement officials as required by law if we suspect you have been a victim of abuse, neglect, or domestic violence. We will only make this disclosure with your agreement or when mandated by law;
* Sharing information with government oversight agencies conducting audits, investigations, or legal proceedings;
* Responding to court or administrative subpoenas or discovery requests;
* Providing information to coroners and/or funeral directors in accordance with legal requirements;
* Arranging for organ or tissue donation from you or facilitating a transplant for you when necessary;
* Releasing your protected health information for national security or intelligence activities if you are a member of the military;
* Disclosing health information to your employer when we have provided healthcare services to you at their request;
* Sharing information with workers' compensation agencies for determining workers' compensation benefits.

**DISCLOSURES THAT REQUIRE AUTHORIZATION**

**Genetic information**

Before using or disclosing your genetic information for treatment, payment, or health care operations purposes, we are required to obtain your explicit written authorization. However, we may use or disclose your genetic information, or that of your child, without such written authorization only in cases where it is permitted by law.

**Psychotherapy notes**

Prior to disclosing any psychotherapy notes, we must obtain your explicit written authorization unless otherwise permitted by law. However, there are certain circumstances under which we may disclose psychotherapy notes without requiring your written authorization. These include:

1. Utilizing the notes for specific treatment, payment, or healthcare operations, such as for your treatment purposes, internal training, or legal defense in proceedings initiated by you.
2. Sharing with the Secretary of the Department of Health and Human Services to assess our compliance with the law.
3. Meeting legal requirements.
4. Participating in health oversight activities as mandated by law.
5. Providing information to medical examiners or coroners in accordance with state regulations.
6. Disclosing information to prevent or mitigate a serious or imminent threat to an individual's or public's health or safety.

**Marketing**

We are required to obtain your authorization for any use or disclosure of your protected health information for marketing purposes, except in cases where the communication is either a face-to-face interaction with you or involves a promotional gift of nominal value.

**Sale of protected information**

We are required to obtain your authorization before receiving direct or indirect compensation in exchange for your health information. However, such authorization is not necessary in the following circumstances:

* Public health activities;
* Research purposes, provided that we only receive a reasonable, cost-based fee to cover the expenses for preparing and transmitting the information for research purposes;
* Treatment and payment purposes;
* Health care operations involving the sale, transfer, merger, or consolidation of all or part of our business and related due diligence;
* Payment provided to a business associate for activities involving the exchange of protected health information undertaken on our behalf (or by a subcontractor on behalf of a business associate), where the only compensation is for performing such activities;
* Providing you with a copy of your health information or a record of disclosures;
* Disclosures required by law;
* Disclosures of your health information for any other purpose permitted by and in accordance with the Privacy Rule of HIPAA, provided that the only compensation received is a reasonable, cost-based fee for preparing and transmitting your health information for such purposes or a fee expressly permitted by other law; or
* Any other exceptions allowed by the Department of Health and Human Services.

For Further Information: If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact the Colorful Horizons, LLC Privacy Officer by phone at 317-207-7086 or at the following address: 8383 Craig St. Suite 325 Indianapolis IN 46250. This Notice of Privacy Practices is also available on our Colorful Horizons, LLC web page at www.colorfulhorizonsllc.com.

**Patient Acknowledgment**

I acknowledge that I have received and reviewed a copy of the Notice of Privacy Practices.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this form is being completed by a person with legal authority to act an individual’s behalf,

such as a parent or legal guardian of a minor or health care agent, please complete the

following information:

Describe below how this person has legal authority to sign this form (relationship to the minor):

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