

Agreement & Consent Form

HIPAA Notice of Privacy Practices Statement

When you receive treatment or benefits from any Department of State Health Services (DSHS) we receive, create, and maintain information about your health, treatment, and payment for services. We will not use or disclose your information without your written authorization (permission) except as described in this notice.

*How **Moonflower Therapeutic Arts Center LLC** may use and disclose your health information*

We may use and disclose your health information without your authorization for treatment, payment, and health care operation purposes.

Examples include but are not limited to:

- Using or sharing your health information with other health care providers involved in your treatment.
- Using or sharing your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for government benefits in a health plan.
- Using or sharing your health information to run our business, to evaluate provider performance, to educate health professionals, or for general administrative activities.
- We may use and disclose your health information without your authorization to contact you for the following activities, as permitted by law and agency policy: providing appointment reminders.

We may share your health information with our business associates who need the information to perform services on our behalf and agree to protect the privacy and security of your health information according to agency standards.

We may use or share your health information without your authorization as authorized by law for our patient directory, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your family or friends of your location and status in an emergency situation.

We may also use and disclose your health information without your authorization for the following purposes:

- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will make every effort to obtain your permission, however, in some cases we may be required or authorized to alert the authorities;
All staff of Moonflower Therapeutic Arts Center LLC are mandated reporters.
- For health oversight activities such as audits, investigations, and inspections of Moonflower facilities;

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- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
- For law enforcement purposes such as identifying or locating a suspect or missing person;
- To avert a serious threat to health or public safety;
- Concerns for safety such as suicidal ideations or threats of homicidal actions;
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and
- As otherwise required or permitted by local, state, or federal law.

Additional privacy protections under state or federal law apply to substance abuse information, mental health information, certain disease-related information, or genetic information. We will not use or share these types of information unless expressly authorized by law.

We will always obtain your authorization to use or share your information for marketing purposes, to use or share your psychotherapy notes, if there is payment from a third party, or for any other disclosure not described in this notice or required by law. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization. You may cancel your authorization by written notification.

Your Privacy Rights

Although your health record is the property of this center, you have the right to:

- Inspect and copy your health information, including lab reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for providing records as permitted by law.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Request amendment of your health information in our records. All requests to amend health information must be made in writing and include a reason for the request.
- Request that we restrict how we use and disclose your health information for treatment, payment, and health care operations, or to your family and friends. We are not required to agree to your request, except when you request that we not disclose information to your health plan about services for which you paid with your own money in full.
- Obtain a paper copy of this notice upon request.

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Our Duties

We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. We will post revised notices on our public website at www.moonflowergrowing.com and in waiting room areas.

You may request a copy of the revised notice at the time of your next visit.

Complaints

If you feel that your rights have been violated:

- You may file a complaint by contacting Lisa Moreno by mail at 1309 Stuart Place Rd. Suite A, Palm Valley, Texas 78552.
- You may also file a complaint by contacting the **Office for Civil Rights, Region VI, U.S. Department of Health and Human Services**, by mail at 1301 Young St., Suite 1169, Dallas, Texas 75202; by telephone at (800) 368-1019, (214) 767-0432 (fax), or (800) 537-7697 (TDD). You can also visit <https://www.hhs.gov/ocr/privacy/hipaa/complaints>.

We will not retaliate against you for filing a complaint.

If at any time you have questions about your rights under HIPAA, please contact us for assistance.

It is our goal to be in partnership with you on the journey of mental wellness.