



**NOTICE OF PRIVACY PRACTICES
EFFECTIVE APRIL 14, 2003**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION OR PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions or complaints about this notice, please contact Enterhealth administrator.

PURPOSE OF THIS NOTICE

This notice describes the ways in which we may use and disclose medical information or PHI about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

OUR LEGAL REQUIREMENTS

We are required by law 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 currently is in effect;
- Change the notice only in accordance with federal rules; and
- Provide our internal complaint process for privacy issues to you.

WHO WILL FOLLOW OUR PRIVACY PRACTICES

This notice describes the practices of Enterhealth Ranch and Outpatient Center of Excellence. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION OR PHI:

We understand that medical information or PHI about you and your health is personal. We are committed to protecting medical information and PHI about you. We create a record of the care and services that we provide to you. We need this record to provide you with medical care and to comply with certain legal requirements. This notice applies to all of the records of your care we generate. This notice also applies to other health

information about you; such as information collected with your authorization during research studies that do not involve treatment. Your personal doctor and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your medical information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION OR PHI ABOUT YOU

You have the following rights regarding medical information or PHI we maintain about you:

Right to Inspect and Obtain A Copy. You have the right to inspect and obtain a copy of medical information about you or your care. Usually, this includes medical and billing records.

To inspect and copy medical information about you or your care, you must submit your request in writing to Enterhealth. Please include your name, date of birth, admission date, specifics of records requesting, location to send record to, date and signature.

Ranch address: P.O. Box 9000 Van Alstyne, Texas 75495
Outpatient address: 8222 Douglas Ave. Suite 375 Dallas, Texas 75225

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information or PHI, you may request that the denial be reviewed by the Medical Director. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information or PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to Enterhealth to the appropriate address above. 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 does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment:

Is not part of the medical information or PHI kept by or for us;

Is not part of the information which you would be permitted to inspect and copy; or

Is already accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This accounting is a list of the disclosures we made of medical information about you, except disclosures made for treatment, payment and service operations.

To request this list or accounting of disclosures, you must submit your request in writing to Enterhealth at the appropriate address listed above. Your request must state a time period, which may not be longer than five years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information or PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Enterhealth at the appropriate address listed above. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosures or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Enterhealth to the appropriate address listed above. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice anytime. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice which will be provided to you upon admission if requested.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION OR PHI ABOUT YOU. The following categories describe different ways that we are permitted to use and disclose medical information as a health care provider, although certain of these categories may not apply to our business and we may not actually use or disclose your medical information or PHI for such purposes. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or

disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose information will fall within one of the categories:

For Treatment. We may use medical information or PHI about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses and their office personnel, medical technicians, labs, hospitals and other facilities and their staff. For example, your health care provider may disclose your medical information for treatment purposes when referring you to another health care provider. We also may disclose medical information about you to people who may be involved in your medical care after you have receive our products and services, such as social work or home health agencies.

For Payment. We may use and disclose medical information or PHI about you so that the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about products and services we provided to you so your health plan will pay us or reimburse you for the products and services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Additionally, it may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, labs, to facilitate your payment.

For Health Care Operations. We may use and disclose medical information or PHI about you for our health care operations. These uses and disclosures are necessary to run our company and make sure that all of our patients receive quality care. For example, we may use medical information or PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to our compliance department, attorneys, auditors, business planners and managers, health care educators and trainers, peer review committees and general administrators for review and learning purposes and in order to assist in the defense of any claim, lawsuit, proceeding or investigation. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Individuals Involved in Your Care or Payment for Your Care. We may give information to someone who helps pay for your care. In addition, we may disclose medical information or PHI about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one product or service to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use

of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information or PHI for research, the project will have been approved through this research approval process, but we may, however, disclose medical information or PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information or PHI they review does not leave our premises. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

As Required By Law. We will disclose medical information or PHI about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information or PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Public Health Activities. We may disclose medical information or PHI about you for public health activities. These activities generally include the following:

To prevent or control disease, injury or disability;

To report births and deaths;

To report child abuse or neglect;

To report reactions to medications or problems with products;

To notify people of recalls of products they may be using;

To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information or PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information or PHI about you in response to a court or administrative order.

Law Enforcement. We may release medical information or PHI if asked to do so by law enforcement official:

In response to a court order;

To identify or locate a suspect, fugitive, material witness, or missing person;

About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

About a death we believe may be the result of criminal conduct;

About criminal conduct occurring on our premises; and

In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

If you are suspected to be in a crisis situation which could cause harm to yourself or others.

Coroners, Medical Examiners and Funeral Director. We may release medical information or PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information or PHI about our patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information or PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information or PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Organ and Tissue Donation. If you are an organ donor, we may release medical information or PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Sale of Business Assets. We reserve the right to transfer medical information or PHI about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information or PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the facility where you are being treated. The notice will contain on the first page, in the top right-hand corner, the effective date. If we do change this notice, we will re-post a copy of the current notice, but we will not redistribute this notice to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us through our Complaint Process (Refer to Complaint Resolution Process Policy) or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Administrator. To file a complaint with the state contact the Department of State Health Services located in Austin, Texas. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

REVOKING CONSENT

You have the right to revoke consent. You must do so in writing with the current date and your name, date of birth, program attended, and signature. Again, disclosures made previously by your written permission are not applicable to your request if already disclosed. Once received, your request will be noted on your original consent with the date of receipt of your revocation in writing. Please note federal and state law allowing disclosures of medical information and PHI for treatment, payment and authorization, will be exempt from your revocation.

OTHER USES OF MEDICAL INFORMATION OR PHI

Other uses and disclosures of medical information or PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information or PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Client Signature

Date

Staff Signature

Date