

## **Notice Of Privacy Practices**

Hesch Institute

This form is also available on the bulletin board in the treatment room, and you may request a copy.

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. please review it carefully.

Effective date April 27, 2022

Summary: This Is the summary of how we may use and disclose your protected health information and your rights and choices when it comes to your information. we will explain these in more detail on the following pages.

### **Our Uses and Disclosures**

We may use and disclose your information as we:

- treat you
- bill you for services
- run our organization
- perform research
- address any government requests
- comply with the law respond to lawsuits and legal actions

### **Your Choices**

You have some choices about how we use and share information as we:

- communicate with you
- communicate with your family about your condition
- your rights
- marketing
- raise funds

**You have a right to:**

- request confidential communication
- ask us to limit the information that we share in some cases
- get a copy of paper or electronic protected health information
- correct your protected health information
- choose someone to act on your behalf
- obtain a copy of this Privacy Notice

- obtain a list of whom we have shared your information
- file a complaint if you believe that we have violated your privacy rights

## **Purpose**

Hesch Institute respects your privacy. we have a legal obligation to maintain the privacy of your Protected Health Information (PHI) under the Health Information Portability and Accountability Act (HIPPA). as part of our commitment and legal compliance we are providing you with this Notice of privacy practices. This Notice describes:

- our legal duties and privacy practices regarding your protected health information including our duty to notify you following a data breach of your PHI.
- our permitted uses and disclosures of your PHI
- your rights regarding your PHI

Should you have any questions about this Notice please contact Karin French-Hesch or Jerry Hesch at [info@Heschinstitute.com](mailto:info@Heschinstitute.com). it is imperative that this be in writing and sent via email, or regular mail or Fax 303-366-9445.

Address: 25837 E Maple PL  
Aurora CO 80018

## **Protected Health Information defined:**

- Is information about you from which someone may identify you and which we keep or transmit in electronic oral, or written form it includes information such as your name your contact information, your past, present or future mental health or medical conditions and payment for health care products or services

## **Scope**

We create a record of the care and health services that you receive to provide your care and to comply with specific legal requirements. this Notice applies to all the PHI that we generate. we follow our employees and other work force members also follow the duties and privacy practices that are described in this Notice and any changes put into place.

## **Changes to this Notice**

We Can change the terms of this Notice especially if legally required and the changes will apply to all

the information that we have about you the new Notices will be available upon request and will also be posted in the treatment room and on our website.

## **Data Breach Notification**

We will promptly notify you and any other persons affected if a data breach should occur that may have compromised the privacy or security of your PHI. we will notify you within the legally

required time frame should we discover such a breach. we will typically notify you in writing via first class mail or via email if you have previously agreed to receive such Notices electronically.

## **Uses and disclosures of your PHI**

The law permits or requires us to use disclosures of your PHI for various reasons, which we explain in this Notice. we include some examples but have not listed every permissible use or disclosure. when using or disclosing PHI or requesting your PHI from another source we will make reasonable efforts to limit our use and disclosure about your PHI To the minimal amount required to accomplish the intended purpose.

## **Uses and Disclosures for Treatment, Payment, or Healthcare Operations**

We may disclose your PHI and share it with other professionals who are treating you including doctors, nurses, technicians and other health care personnel involved in your care. for example, we might disclose information about your overall health condition with clinicians who are treating you for a specific injury or condition. We may use and disclose your PHI to manage the services you receive or to monitor the quality of our health care services.

## **Other Uses and Disclosure**

We may share your information in other ways such as for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures please see the following: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

These other uses and disclosures may involve:

**Legal Compliance:** For example, we will share your PHI if the Department of Health and Human Services requires it when investigating your compliance with privacy laws

**Public health and safety activities:** for example, we may share your PHI to:

- Report injuries, births, and deaths, prevent disease, report adverse reactions to medication or medical device product defects
- Suspected child neglect or abuse or domestic violence or avert a serious threat to public health or safety.

## **Responding to Legal Actions**

For example, we may share your PHI to respond to a court or administrative order or subpoena, discovery request, or other lawful process. The same applies to a medical examiner or funeral director should a death occur. We may use and disclose your PHI for workers compensation claims, health over site activities by federal or state agencies, law enforcement, or specialized government functions such as military activities, national security and intelligence, presidential Protective Services or medical suitability.

## **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us and we will make every reasonable effort to follow your instructions.

You have both the right and the choice to tell us whether to:

- Share information such as your PHI, general condition, or location; with your family, close friends or others involved in your care.
- Share Information in a disaster relief situation such as to a relief organization to assist with locating or notifying your family, close friends, or others involved in your care.
- We may share your information if we believe it is in your best interest according to our best judgment, and if you are unable to tell us your preference, for example, if you are unconscious.
- When needed to lessen a serious and imminent threat to health or safety.

## **Uses and disclosures that require authorization**

In these cases, we will only share your information if you give us written permission:

- Most sharing of a mental health care professionals notes from a private counseling session or a group, joint, or family counseling session.
- Marketing our services.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time. Please let us know in writing if you would like to do so.

## **Your Rights**

When it comes to your health information you have certain rights. This section explains your rights and some of our responsibilities to help you. You Have the right to:

- Inspect and obtain a copy of your PHI and you have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you. Ask us how to do this and we will comply.
- You may request that we provide a copy of your PHI to a family member, another person, or a designated entity. We require that you submit these requests in writing with your signature and clearly identify the designated persons and where to send the PHI.
- Get a list of those with whom we've shared your information. You have the right to request an accounting of certain PHI disclosures that we have made. For these requests we will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosure such as those that you ask us to make. We will provide one accounting a year for free but will charge a reasonable and customary cost-based fee if you ask for another one within 12 months

- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian that person can exercise your rights and make choices about your PHI. we will make sure the person has the authority and can act for you before we take any action.

Request confidential communications. You have the right to ask that we communicate with you about health matters in a certain way or at a certain location, for example, you can ask us to contact you at your home or office phone number or send email or traditional mail to a certain address. For these requests you must specify how or where you wish to be contacted and we will accommodate reasonable requests and must say “YES” if you tell us, you would be in danger if we do not. We may say” NO if it would negatively impact your care.

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- File a complaint if you feel your rights are violated. You have the right to file a complaint if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may file a complaint either directly with us by contacting Jerry Hesch or Karin Hesch in writing using the US Mail or send via Email: info @ heschinstitute .com (no spaces) Or you may send a letter sent to:  
Office for Civil Rights at US Department of Health and Human Services 200  
Independence Ave, Southwest  
Washington DC 20201  
Or by calling 1-877-696-6775, or visiting  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>