



Rocking Horse Community Health Center

Notice of Privacy Practice

This notice describes how health information about you may be used and disclosed, and how you can get access to this information.

Please review this notice carefully.

Our commitment to your privacy

Rocking Horse Community Health Center (RHCHC) is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain at the RHCHC concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in regard to your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by the RHCHC. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. **Our practice will post a copy of our current Notice in RHCHC in a visible location at all times, and you may request a copy of our current Notice at any time.**

Effective date of this Notice: 2/16/2026

A. We may use and disclose your Protected health information (PHI) in the following ways.

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment:** RHCHC may use your PHI to treat you and to provide you with treatment related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel including people outside our office, who are involved in your care and need the information to provide medical services to you. We might use your PHI in order to write a prescription for you. Many of the people who work for RHCHC- including, but not limited to, our doctors, nurse practitioners and nurses- may use or disclose your PHI in order to treat you or to assist others in your treatment.
2. **Payment:** RHCHC may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may also use your PHI to bill you directly for services.
3. **Health Care Operations:** RHCHC may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment reminders:** RHCHC may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options:** RHCHC may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Statistical Information:** RHCHC may use and disclose your PHI to the Department of Health to assist in providing aggregate information about our patients.
7. **Health-Related Benefits and Services:** RHCHC may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
8. **Release of Information to Individuals Involved with your care:** RHCHC may release your PHI to a person who is involved in your care or payment for your care, such as a family member or a close friend. We may notify family about your location or general condition or disclosed such information to an entity assisting with disaster relief effort.
9. **Disclosures Required By Law:** RHCHC will use and disclose your PHI when we are required to do so by federal, state or local law.

B. Use and disclosure of your PHI in certain special circumstances.

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks:** RHCHC may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - a. maintaining vital records, such as births and deaths
 - b. reporting child abuse or neglect

- c. preventing or controlling disease, injury or disability
- d. notifying a person regarding potential exposure to a communicable disease
- e. notifying a person regarding a potential risk for spreading or contracting a disease or condition
- f. reporting reactions to drugs or problems with products or devices
- g. notifying individuals if a product or device they may be using has been recalled
- h. notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- i. notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities:** RHCHC may disclose your PHI to a health oversight agency for activities authorized by law (example Ohio Department of Health, Clark County Combined Health District). Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings:** RHCHC may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:
 - a. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - b. Concerning a death we believe has resulted from criminal conduct
 - c. Regarding criminal conduct at our office
 - d. In response to a warrant, summons, court order, subpoena or similar legal process
 - e. To identify/locate a suspect, material witness, fugitive or missing person
 - f. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Organ and Tissue Donation:** RHCHC may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **Research:** RHCHC may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when we obtain the oral or written agreement of a researcher that:
 - a. The information being sought is necessary for the research study
 - b. The use or disclosure of your PHI is being used only for research.
 - c. The researcher will not remove any of your PHI from our practice
8. **Serious Threats to Health or Safety:** RHCHC may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Military:** The RHCHC may disclosure your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security:** The RHCHC may disclosure your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates:** The RHCHC may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement official. Disclosure for these purposes would be necessary:
 1. for the institution to provide health care services to you
 2. for the safety and security of the institution, and/or
 3. to protect your health and safety or the health and safety of other individuals
12. **Workers' Compensation:** The RHCHC may release your PHI for workers' compensation and similar programs.

C. Use and disclosure that requires authorization or give you and opportunity to object:

1. **Authorizations.** If we need to use or disclose your PHI for purposes not described in this Notice, we will obtain written authorization. Specific examples include most uses or disclosures of psychotherapy notes, marketing communications where we receive payment, or any sale of PHI. You may revoke an authorization at any time in writing, except the extent that we have already relied upon it.

2. **Individuals Involved in Your Care.** Unless you object, we may disclose to a family member, relative, close friend, or any other person you identify, PHI that directly relates to that person's involvement in your care or payment for your care. If you are unable to agree or object, we may disclose such information necessary if we determine it is in your best interest.
3. **Disaster Relief.** We may disclose PHI to disaster relief organizations to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide an opportunity to agree or object when practical.
4. **Fundraising.** RHCHC may contact you to raise funds for our programs and operations. You have the right to opt out of future fundraising communications. If we intend to use our disclose Substance Use Disorder records for fundraising, we will first provide you a clear and conspicuous opportunity to elect not to receive such communications.
5. **Marketing.** If we are paid by a third party to allow it to market its own services and goods to our patients, we will obtain an authorization from each individual whose PHI is to be disclosed. The authorization will state that remuneration has been or will be received by RHCHC in exchange for the disclosure of PHI.

D. Special Protections for Substance Use Disorder Records (42 CFR PART 2).

1. If we create and maintain records of your treatment or referral for Substance Use Disorder (SUD) that are subject to 42 CFR Part 2, we will provide you with adequate notice of how those records may be used and disclosed, and of your rights and our legal duties with respect to those records.
2. Part 2 generally imposes stricter limits on the use and disclosure of SUD records than HIPAA. Where Part 2 is more restrictive, we will follow Part 2.
3. With your written consent, your SUD records may be used or disclosed for treatment, payment and health care operations. A single written consent may authorize future uses and disclosures for these purposes, consistent with Part 2.
4. SUD records, and testimony about their content, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless consent in writing, or a court orders the use or disclosure after you are given notice and an opportunity to be heard. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclose before the records may be used or disclosed.
5. If we intend to use or disclose SUD records to contact you for fundraising for our benefit, we will first give you a clear and conspicuous opportunity to elect not to receive fundraising communications.

E. Notice of Potential Redisclosure:

Information disclosed by RHCHC to another party may be redisclosed by the recipient and may no longer be protected by the HIPAA Privacy Rule. However, SUD records protected by 42 CFR Part 2 may not be redisclosed by a recipient except as permitted by Part 2.

F. Your Rights Regarding your PHI

You have the following rights regarding the PHI that we maintain you:

1. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about your care or payment for your care, including medical records and billing records, except for psychotherapy notes or other limited information as permitted by law. You must submit your request in writing and reasonable cost-based fees may apply. RHCHC may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
2. **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic health record, you may request an electronic copy for yourself or direct us to transmit an electronic copy to another person or entity. We will provide the record in a form or format requested if readily producible or in a readable alternative format.
3. **Right to Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
4. **Right to Receive Notification of Certain Breaches.** You have the right to receive a notification if a breach compromises the privacy or security of your unsecured Health Information.
5. **Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You may also request restrictions on disclosures and use of SUD records as permitted by 42 CFR Part 2.
6. **Right to Amend.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment, for as long as the information is kept by or for our use. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. RHCHC

will deny your request if you fail to submit your request (and the reason supporting your request) in writing. We may deny your request if you ask us to amend information that is in our opinion: a.) accurate and complete b.) not part of the PHI kept by or for the practice c.) not part of the PHI which you would be permitted to inspect and copy d.) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

7. **Right to Accounting of Disclosures.** You have the right to request an “accounting of disclosure”. An “accounting of disclosures” is a list of non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim.
8. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time, even if you agreed to receive it electronically.
9. **Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with RHCHC or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer. **You will not be penalized for filing a complaint.**
10. **Right to Provide an Authorization for Other Uses and Disclosures:** RHCHC will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

For questions or to file a complaint, please contact:

ATTN: Privacy Officer
Rocking Horse Community Health Center
651 S. Limestone St.
Springfield, OH 45505
Phone: 937-324-1111

For more information about HIPAA or to file a complaint:

Office for Civil Rights (OCR)
Online: <https://ocrportal.hhs.gov>
Mail: Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201