

Our Commitment to Your Privacy

Southern Horizon Healthcare is committed to protecting your health information. This Notice describes how we may use and disclose your Protected Health Information (PHI) and your rights regarding that information. We are required by law to maintain the privacy of your PHI and to provide you with this Notice.

How We May Use and Disclose Your Information

Treatment: We may use your PHI to provide, coordinate, or manage your healthcare and related services. Payment: We may use and disclose your PHI to obtain payment for services provided. Healthcare Operations: We may use and disclose your PHI for healthcare operations including quality assurance, training, and accreditation.

Other Permitted Uses and Disclosures

We may disclose your PHI as required by law; to public health authorities for disease reporting; to law enforcement; in response to a court order or subpoena; to coroners, medical examiners, or funeral directors; for organ donation; for research (subject to special protocols); to avert a serious threat to health or safety; and to military authorities if you are a member of the armed forces.

Your Rights Regarding Your PHI

- Right to Inspect and Copy: You may request a copy of your medical records.
- Right to Request Amendment: You may request corrections to your records.
- Right to an Accounting of Disclosures: You may request a list of disclosures.
- Right to Request Restrictions: You may request limits on how we use your information.
- Right to Request Confidential Communications: You may request we contact you differently.
- Right to a Paper Copy of This Notice: You may request a paper copy at any time.

How to Exercise Your Rights / File a Complaint

To exercise your rights, please contact our Privacy Officer at: Southern Horizon Healthcare, 2280 Highland Village Road Suite 100, Highland Village, TX 75077 · Tel: 469-645-0200 · info@southernhorizon.org. If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Changes to This Notice

We reserve the right to change this Notice at any time. The revised Notice will be available in our office and on our website at www.southernhorizon.org. The effective date of the current notice is printed above.

ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that I have received, or have been offered, a copy of Southern Horizon Healthcare's Notice of Privacy Practices. I understand that this Notice describes how my Protected Health Information (PHI) may be used and disclosed, and how I can access this information. I understand I have the right to review the Notice before signing this acknowledgment.

Patient Full Name (print)	Date of Birth	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient / Guardian Signature

If Guardian — Relationship to Patient	Guardian Printed Name
<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY

Staff member who witnessed/offered this Notice:	Date offered:
<input type="text"/>	<input type="text"/>

- Patient declined to sign Copy given to patient