



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

2018 Privacy Notice & Consent Form

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO EXPLAINS HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that privacy is a very important matter. Our work requires us to gather your personal health information (PHI) in order to provide services. We create a record of the services that you receive and you can trust us to keep your records confidential and secure.

Collecting Information: Carlisle Academy Integrative Equine Therapy & Sports LLC (hereinafter Carlisle Academy) restricts access to your PHI only to employees who need the information to provide you with the services. We maintain physical, electronic and procedural safeguards to comply with all laws and regulations to protect the privacy of your PHI.

Information Disclosure: Carlisle Academy will use and disclose your PHI so that our staff can provide you with services and/or **Treatment**, to obtain **Payment** and to perform service delivery **Operations** (TPO). We review your PHI so that we can determine your program eligibility and sources of funding. The PHI that is disclosed may include: your name, address, social security number, phone number, diagnosis and disability, the name of your program funding source, and our documentation of your services.

Information Use: We do not sell your PHI to outside mailing lists or telemarketing companies. We will add your name to Carlisle Academy's mailing list in order to provide you with updated program information. We will contact you to schedule appointments or discuss service via the telephone, email or postal mail. You can specify the way you want us to communicate if it is necessary to protect your interests. Any other use or disclosure of your information (for Non-TPO purposes as described above) will require your written authorization. If you end your services with us, we will continue to restrict use of your PHI.

Your Rights: You have the right to restrict our use of your PHI, to review and copy our documentation of your services, to request changes to your information, to find out who we have disclosed your information to, and to file a complaint about our Privacy Practices. If you file a complaint, we will take no action against you or change your services in any way. To file a written complaint, please contact Sarah Armentrout at 207-985-0374. We reserve the right to amend this notice at any time.

FOR THE USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION (PHI) FORM TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

I hereby consent to the use and disclosure of my personal health information (PHI) by Carlisle Academy in order to carry out services and/or treatment, payment or health care operations. I have reviewed Carlisle Academy's Privacy Notice and have a copy of that notice. I have the right to request that the use and disclosure of my PHI be limited for services and/or treatment, payment and operations. I can revoke this Consent at any time by written request. I understand that Carlisle Academy may refuse to provide me with services if I do not sign this Consent.

Participant Name (printed) _____ Date _____

Participant Signature _____

Personal Representative/Guardian Signature _____