



Notice of Privacy Practices

Effective Date: 4/15/25
Horizon Integrated Recovery LLC
4040 E McDowell Rd Suite 307, Phoenix, AZ 85008
Phone: 480-631-0914
Email: info@horizonintegratedrecovery.com

Our Legal Duty

We are required by law to maintain the privacy of your protected health information (PHI), provide you with this notice, and abide by the terms of this notice. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

How We May Use and Disclose Your Information

We may use and share your PHI without your written authorization for the following purposes:

Treatment: To provide, coordinate, or manage your care (e.g., sharing information with your doctor, counselor, or treatment team).

Payment: To bill and receive payment for services provided (e.g., from your insurance company).

Healthcare Operations: For quality assessment, staff training, accreditation, and compliance purposes.

As Required by Law: If you are at risk of harming yourself or others, to report suspected abuse or neglect, for public health activities, in response to a court order, subpoena, or law enforcement request, or to avert a serious threat to health or safety.

Emergencies: To assist in your care if you are incapacitated or require hospitalization.

Other uses and disclosures will be made only with your written permission, and you may revoke that permission at any time.

Your Rights

You have the right to:

- **Inspect and Get a Copy:** Request a copy of your PHI in paper or electronic form.
- **Request Amendments:** Ask us to correct or update your PHI if you believe it is incomplete or incorrect.
- **Request Restrictions:** Ask us not to use or share certain information; we will comply if legally possible.
- **Request Confidential Communications:** Ask us to contact you in a specific way (e.g., at a certain address or phone number).
- **Get a List of Disclosures:** Receive an accounting of certain disclosures of your PHI.

- Receive a Paper Copy: You can request a paper copy of this notice at any time.
- File a Complaint: 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. You will not be penalized for filing a complaint.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI. We will not use or share your PHI other than as described in this notice unless you give us written authorization. We will honor the terms of this notice unless we notify you of changes in writing.

Contact for More Information

HIPAA Privacy Officer

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