IRONSTONE THERAPY, INC.
at Ironstone Farm

CLIENT INFORMATION FORM

Client Name:_____ **DOB:** _____ **Gender: M** ☐ **F** ☐

Address: _____
Street City State Zip code

Diagnosis: _____

Referred by: _____ **Phone:**_____

PARENT/GUARDIAN CONTACT INFORMATION
PLEASE COMPLETE IF PATIENT IS A CHILD OR DEPENDENT

Name: _____ **Circle One:** ○ Parent ○ Guardian

Address: _____
Street City State Zip code

Home Phone: _____ **Cell:** _____ **Email:** _____

Parent/guardian 2 Name: _____ **Phone:** _____ **Email:**_____

Payment method: ___ Fee for service/out of pocket ___ Please check for insurance coverage

COVERAGE INFORMATION

Primary Coverage
Insurance Co.: _____ **Phone:** _____
Address: _____
Insurance ID#: _____ **Social Security #:** _____

Subscriber Name: _____ **DOB:** _____ **Sex:** ___ **Phone:** _____
Address: _____
Employer: _____ **Phone:** _____

Relationship of patient to subscriber (circle one): ○ Self ○ Spouse ○ Child ○ Dependent ○ Other

Secondary Coverage
Insurance Co.: _____ **Phone:** _____
Address: _____
Insurance ID#: _____ **Social Security #:** _____

Subscriber Name: _____ **DOB:** _____ **Sex:** ___ **Phone:** _____
Address: _____
Employer: _____ **Phone:** _____

I authorize the release of any health information necessary to process claims. I authorize payment of health care benefits to Ironstone Therapy, Inc. I verify the above information is accurate and understand it is my responsibility to immediately update any changes in my registration information.

Signature: _____ **Print Name:** _____ **Date:** _____

IRONSTONE THERAPY, INC.

at Ironstone Farm

CLIENT HISTORY/INTAKE FORM

(Please fill out and return prior to your first appointment/evaluation, if possible. Thank you.)

Client's Name: _____ **Date of Birth:** _____

Parents' Names: _____

Client's Diagnosis: _____

Current Medications: _____

Any precautions/other conditions that we should be aware of *(allergies, history of seizures, sensitivities, behavioral concerns, etc.)***:** _____

***SPECIAL CONSIDERATIONS with inclusion of equine movement in therapy:** *(check all that apply)*

☐ presence of indwelling catheter

☐ **Down Syndrome:** ☐ new head tilt; ☐ neck pain/stiffness; ☐ arm/leg weakness; ☐ loss of bowel/bladder control

☐ **Chiari II Malformation:** ☐ changes in breathing; ☐ swallowing problems; ☐ arm weakness

☐ **Tethered Cord:** ☐ back pain; ☐ leg weakness; ☐ diff. walking; ☐ loss bowel/bladder control

☐ any instability of spine or hips _____

Other therapies/services previously received: _____

****Other therapies/services currently receiving** ***(PLEASE INCLUDE TYPE OF THERAPY AND #DAYS/WEEK!):***

_____

What are your primary concerns/goals for therapy: _____

_____

PRENATAL HISTORY

Problems/Complications During Pregnancy: _____

Length of Pregnancy: _____ **Type of Delivery:** _____

Problems/Complications During Delivery: _____

List any difficulties, illnesses, complications during birth or hospital stay:

_____

_____

(continued on back)

MEDICAL HISTORY

It is very important to have as complete a medical history as possible. Please check if your child has experienced any of these conditions, and if yes, include age, diagnosis and treatment if applicable.

- ☐ Frequent strep throat/sore throat
- ☐ Frequent ear infections
- ☐ Frequent colds/respiratory illness
- ☐ Genetic or chromosomal disorder
- ☐ GI issues
- ☐ Heart condition
- ☐ Muscle disorder
- ☐ Skin disorder/ problems
- ☐ Seizures
- ☐ Tonsil and/or adenoid removal
- ☐ Hearing loss/ disorder
- ☐ Lung condition/respiratory disorder
- ☐ Neurological disorder
- ☐ Failure to gain weight/ feeding concerns
- ☐ Kidney/ urinary problems
- ☐ Joint/bone problems/ fractures
- ☐ Vision problems

Other/explanations: _____

_____

Hospitalizations/Surgeries/Procedures: _____

_____

DEVELOPMENTAL HISTORY

Please indicate when your child first did each of the following **INDEPENDENTLY** (on time or late) by checking the appropriate box; OR check if your child is still working on the skill. Add any comments you feel may be noteworthy.

Milestone (age range)	**On Time**	**Late**	**Working towards**	**Age achieved / comments**
Head held up sitting (≤ 3-5 mo)				
Reach for/grasp toy (≤ 6 mo)				
Rolled both ways (≤ 6 mo)				
Transferred object between hands (≤ 7 mo)				
(continued next page)				

Sat unsupported (< 9 mo)				
Crawled (all 4's) (< 10 mo)				
Stands and cruises (< 12 mo)				
Walking (< 15 mo)				
Ran (< 18 mo)				

Any Others of Significance: _____

_____

OTHER BACKGROUND INFO

Please comment on any of the following, if significant.

Any sensory issues/concerns: _____

_____

Communication: _____

_____

Social Interaction/Play Skills: _____

_____

Personality Traits/Behavior: _____

_____

Likes: _____

_____

Dislikes: _____

_____

Any other concerns: _____

_____

ALL ABOUT ME FORM

Help us get to know your child by completing the form below

My Name Is: _____ **My Age Is:** _____ years old

WHAT I LOVE

My favorite movie/TV character is: _____

My favorite animal(s): _____

My favorite song(s): _____

My favorite things to do: _____

Some other things that I love are:

_____

_____

_____

I COMMUNICATE BEST BY *(Check all that apply)*

- ☐ Pointing at what I want
- ☐ Using my words
- ☐ Communication board or iPad app
- ☐ ASL (Sign Language)
- ☐ Using my body (ex: Pushing away from, pulling towards, etc.)
- ☐ Using my eyes to look at what I want
- ☐ Other *(Please explain)*: _____

_____

SOME THINGS THAT MAKE ME FEEL STRESSED ARE *(Check all that apply)*

- ☐ Transitions
- ☐ Being told "No"/Limit-setting
- ☐ Separating from my caregiver
- ☐ New situations
- ☐ A change in my routine
- ☐ Wearing a helmet
- ☐ Bright lights
- ☐ Loud/sudden noises
- ☐ People touching my hands/legs
- ☐ Other *(Please explain)*: _____

WHEN I AM STRESSED, I MAY *(Check all that apply)*

- ☐ Withdraw/become quiet
- ☐ Cry/verbalize my feelings
- ☐ Bite the person/animal nearest me
- ☐ Grab the person/animal nearest me
- ☐ Swat at the person/animal nearest me
- ☐ Other *(Please explain)*: _____
- ☐ Wiggle my body
- ☐ Try to leave the area

WHEN I AM EXCITED, I MAY *(Check all that apply)*

- ☐ Wave my hands/arms
- ☐ Kick my feet/wiggle my legs
- ☐ Vocalize (sing, yell happily, etc.)
- ☐ Grab the person/animal nearest me
- ☐ Swat at the person/animal nearest me
- ☐ Other *(Please explain)*: _____

SOME THINGS THAT HELP ME WHEN I AM STRESSED ARE *(Check all that apply)*

- ☐ Continuing to move
- ☐ Counting
- ☐ Having choices
- ☐ Singing/Listening to my favorite song
- ☐ Stopping/Taking a break
- ☐ Taking deep breaths, together
- ☐ Getting a hug or a hard squeeze
- ☐ Other *(Please explain)*:

_____

Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.

PLEASE READ BOTH SIDES OF THIS AGREEMENT
SIGNATURE REQUIRED ON THE REVERSE

***Client Name: _____ *Gender: M☐ F☐ *DOB: _____ *Height: _____ *Weight: _____**

The Client (myself, child/ward) DOES☐ or DOES NOT☐ have a (physical or other) diagnosis or disability. *Required Fields

Client Address: _____ City: _____ State: _____ Zip: _____

***Best Phone: _____**

***Best Email: _____ CC Email: _____**

Parent/Spouse/Guardian ı Name: _____ Phone #:_____

Parent/Spouse/Guardian 2 Name: _____ Phone #:_____

Group Home Contact Name: _____ Phone #:_____

Name & Phone# of Employer (Client):_____

Name & Phone# of Employer (Parent/Spouse 1):_____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone #: _____

Primary Care Physician Name: _____ Phone #:_____

Person(s) responsible for payment arrangements: _____

Address: _____ City: _____ State: _____ Zip: _____

Third party payer contact name: _____ Phone#: _____

Describe any medical condition or allergy requiring special precautions, and any medication and dosage:

PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk/Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks

Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.

and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

WARNING

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

Weight Limits. Weight limits are important for the safety and well-being of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

Photo Release: I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Opt out: **No, I do not consent.** _____

I would ☐ would not ☐ be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available. (Please check one)

I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.

_____ _____ Date: ____/_____/____

Signature **Print name**

(Parent/Guardian must sign for all clients under the age of 18)

IRONSTONE THERAPY, INC.

at Ironstone Farm

FEE SCHEDULE & AGREEMENT

(Please retain a copy of this document)

Ironstone Therapy, Inc. has contracted with Atlantic Medical Billing Solutions, Inc., to handle our insurance billing. All other bills will be handled directly through our office.

Following is an explanation of the billing and payment policies. Please read them carefully so you understand our terms, sign and return it to Ironstone Therapy along with the required paperwork. Please let us know if you have any questions!

- Clients must pay at the time of the session or arrange to be billed monthly.
- **Checks are to be made payable to Ironstone Therapy, Inc.**
- Bills must be paid within 20 days of the billing date.
- If a third party payer is responsible for a percentage of the fee, monthly bills will reflect only the amount due and payable by the client. A statement of third party charges and payments may accompany the monthly bill or will be available upon request.
- If the client is submitting to a third party payer privately, and the third party payer delays payment, the client is responsible for the balance by the due date.
- If the account becomes overdue (>21 days from invoice date), a charge of $25 will be added.
- If an insurance company is the third party payer, the client is responsible for all amounts not covered by insurance – including deductibles, co-insurance payments and non-reimbursable items. The $25 horse fee per session is NOT billable to insurance, and so is the responsibility of the client (FRP). Such amounts must be paid by the due date unless a payment plan is determined. If an annual deductible is required, and is prohibitive, please call the office to discuss a payment plan.
- The client is responsible for all authorizations and the number of authorized visits.
- Ultimately, the client is responsible for payment for all services rendered.

I have read, I understand, and I agree to comply with the above billing and payment policies and will pay:

☐ **Weekly (via Welcome Center's lock box)** ☐ **I will call the office for payment arrangement**

Client name: _____ **Date of birth:** _____

Person financially responsible for Client (FRP): _____

FRP Address: _____ **Phone:**_____

Signature FRP: _____ **Print name:** _____ **Date:** _____

IRONSTONE THERAPY, INC.
at Ironstone Farm

Client Consent Form for the Use & Disclosure of Health Information

I, for my child/ward, understand that as part of my healthcare, Ironstone Therapy, Inc. originates and maintains health records describing my diagnosis, health history, symptoms, examination and test results, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and medical information to my bill
- a means by which a third-party payer can verify that services billed were actually provided
- a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided access to a Notice of Privacy Practices (posted on our website and in our waiting area, or printed upon request) that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that Ironstone Therapy, Inc. reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request, in writing, restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Ironstone Therapy, Inc. is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Ironstone Therapy, Inc. has already taken action in reliance thereon.

_____

Client Name

_____ _____

Signature of Client or Legal Representative - Please print & sign Date

IRONSTONE THERAPY, INC.

at Ironstone Farm
NPI #: 140 791 8394

PHYSICIAN'S REFERRAL

Patient Name:_____ **DOB:** ____ /_____ /_____

Address: _____
Street City State Zip code

Referral For: Physical Therapy* ___ Occupational Therapy* ___

**Evaluation and treatment as indicated to include the use of equine assistance.*

Primary Diagnosis (with ICD 10 codes):

_____

Secondary Diagnosis (with ICD 10 codes):

_____

Special Precautions/Needs (see list on back page):

_____

<u>For Clients with Down Syndrome</u>

Findings of neurological exam for AtlantoAxial Instability:

_____

I have reviewed the list of possible precautions on page 2, and to my knowledge there is no reason why this person cannot participate in equine assisted therapies.

Signature: _____ **Date:** _____ /_____ /_____

Print Name: _____ **Phone:** _____

Physician NPI#: _____ **Fax:** _____

Physician's Address: _____

IRONSTONE THERAPY, INC.

at Ironstone Farm
NPI #: 140 791 8394

INFORMATION FOR PHYSICIANS

The following conditions, if present, may represent precautions or contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns, please feel free to contact us at 978.475.4056.

Contraindications:
Indwelling Catheter

Orthopedic:
Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities (incl. Neurological symptoms)
Joint Subluxation/Dislocation
Osteoporosis
Pathological Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossification
Osteogenesis Imperfecta
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurological:
Hydrocephalus/Shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders
Multiple Sclerosis

Medical /Psychological:
Allergies
Hemophilia
Cardiac Condition

NOTICE OF PRIVACY PRACTICES

IRONSTONE THERAPY, INC., CHALLENGE UNLIMITED, INC. & IRONSTONE FARM

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you, as a client of Ironstone Therapy, Inc. Challenge Unlimited, Inc. & Ironstone Farm ("Ironstone Farm") may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

A. Our commitment to your privacy:

"Ironstone Farm" is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting our business, we may create records regarding you and 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 in our business 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 your PHI, and
- 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 "Ironstone Farm". 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 "Ironstone Farm" has created or maintained in the past, and for any of your records that we may create or maintain in the future. "Ironstone Farm" will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

If you have questions about this Notice, please contact the management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, Tel. 978.475.4056.

B. We may use and disclose you PHI in the following ways:

a. Treatment. "Ironstone Farm" may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. We may disclose parts of your PHI to Volunteers and Support Staff as appropriate and necessary. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

b. Payment. "Ironstone Farm" may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer or other third party payer to certify that you are eligible for benefits (and for what range of benefits),

and we may provide your insurer or other third party payer with details regarding your treatment to determine if your insurer or other third party payer 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. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

c. **Health care operations.** "Ironstone Farm" 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, "Ironstone Farm" 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 business. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
d. **Appointment reminders.** "Ironstone Farm" may use and disclose your PHI to contact you and remind you of an appointment.
e. **Health-related benefits, services, and treatment options.** "Ironstone Farm" may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
f. **Release of information to family/friends.** "Ironstone Farm'' may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may ask to have access to this child's medical information.
g. **Disclosures required by law.** "Ironstone Farm" will use and disclose your PHI when we are required to do so by federal, state or local law. State law mandates sharing of your medical information to state agencies under certain circumstances, without your consent. Examples include abuse reporting to the Department of Social Services and Death Reports to the Office of Medical Examiner. "Ironstone Farm" may share your PHI for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you.
h. **Research.** "Ironstone Farm" may use and disclose your PHI for research purposes in certain limited circumstances when written permission is not required by federal or state law.

C. **Your rights regarding your PHI:**

a. **Confidential communications.** You have the right to request that "Ironstone Farm" communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, Tel. 978.475.4056, specifying the requested method of contact, or the location where you wish to be contacted. "Ironstone Farm" will accommodate reasonable requests. You do not need to give a reason for your request.
b. **Requesting 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. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, and Tel. 978. 475.4056.

Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit "Ironstone Farm's" use, disclosure or both, and
- To whom you want the limits to apply.

c. **Inspection and copies**. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including client medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, and Tel. 978.475.4056 in order to inspect and/or obtain a copy of your PHI. "Ironstone Farm" may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. "Ironstone Farm" may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

d. **Amendment.** 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 "Ironstone Farm". To request an amendment, your request must be made in writing and submitted to the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, and Tel. 978.475.4056. You must provide us with a reason that supports your request for amendment. "Ironstone Farm" will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, 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 "Ironstone Farm"; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by "Ironstone Farm", unless the individual or entity that created the information is not available to amend the information.

e. **Accounting of disclosures.** All of our clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures "Ironstone Farm" has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine client care 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. In order to obtain an accounting of disclosures, you must submit your request in writing to the Management of Ironstone Farm, Inc., 450 Lowell Street, Andover, MA 01810, Tel. 978.475.4056. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

f. **Right to a paper copy of this Notice.** You are entitled to receive a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, Tel. 978.475.4056.

g. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with "Ironstone Farm" or with the Secretary of the Department of Health and Human Services. To file a complaint with "Ironstone Farm", contact the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, Tel. 978.475.4056. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

h. **Right to provide an authorization for other uses and disclosures.** "Ironstone Farm" 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.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the Management of Ironstone Farm, 450 Lowell Street, Andover, MA 01810, Tel. 978.475.4056.