

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is in two layers: This top layer briefly summarizes how we handle your/your child's health information, and the attached bottom layer provides further details of our privacy policies and procedures.

How we may use and disclose your/your child's health information: We use health information about you or your child for treatment, to get paid for treatment, for administration purposes, and to evaluate the quality of care that you receive. Information may be shared by paper, mail, electronic mail, fax, or other methods. Information may be shared with a referring provider to coordinate treatment activities. We may use and disclose your health information without your authorization only in certain specific situations. Beyond those situations, we will ask for your written authorization before using or disclosing your/your child's health information. If you sign an authorization to disclose information, you can later revoke it to stop any further uses and disclosures.

Your rights: In most cases, you have the right to look at or get a copy of your/your child's health information that we use to make decisions about you/your child. If you request copies, we may charge you a cost based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your/your child's health information is incorrect or information is missing, you have a right to request that we correct the existing information or add the missing information.

Our legal duty: We are required by law to protect the privacy of your/your child's health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgment of the receipt of this notice. We may change our privacy policies at any time. Before we make any significant change in our policies, we will change our notice and provide that information to you. You can also request a copy of our notice at any time. For more information about our privacy policies, contact the person listed below.

Privacy complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your/your child's health information, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:

Richard Feingold, Business Manager

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form are kept properly confidential. This act gives you, the patient, new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your/your child's health information and how we may disclose that information.

Use and disclosure of your information: We may use and disclose your/your child's medical records only for the following purposes:

- **Treatment:** providing, coordinating, or managing your health care by one or more health care providers. (Example: providing therapy services.)
- **Payment:** activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities, or utilization review. (Example: sending a bill to your insurance company for payment.)
- **Health Care Operations:** business aspects of providing therapy. (Examples: auditing, quality assessment.) In addition, we may use your information to contact you about an appointment.

We may use or disclose protected health information in the following situations without your authorization:

- As required by law. (Example: reports for public health purposes.)
- Judicial or administrative proceedings. (Example: court order.)
- Law enforcement purposes. (Example: missing persons.)
- Child Abuse
- National Security
- Federal Department of Health and Human Service requests regarding an investigation of federal regulations compliance.

We are required to get your authorization to use or disclose your protected health information for any reason other than for treatment, payment, or health care operations, and for those specific circumstances outlined above. Any other uses and disclosures will be made only with your written authorization. You may revoke your authorization at any time and we are

required to honor that request except to the extent that we have already taken actions relying on your initial authorization.

Your rights as protected by HIPAA: Your rights regarding protected health information include:

- You have the right to inspect and copy your protected health information.
- You have the right to request a restriction of your protected health information. This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family member or friends who may be involved in your/your child's care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your health care provider is not required to agree with the restriction you request if the provider believes it is in the best interest of you/your child to permit use and disclosure. In this case you have the right to choose another health care provider.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- You have the right to request that your protected health information be amended.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your/your child's protected health information.
- You have a right to obtain a copy of this notice upon request. We reserve the right to change the terms of this notice and will inform you of any changes.

Complaints: You may complain to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with our privacy officer:

Richard Feingold, Business Manager

Please keep this notice after signing and returning the next page.

Your rights as protected by HIPAA: Your rights regarding protected health information:

- You have the right to inspect and copy your protected health information.
- You have the right to request a restriction of your protected health information. This means that you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family member or friends who may be involved in your/your child's care. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your health care provider is not required to agree with the restriction you request if the provider believes it is in the best interest of you/your child to permit use and disclosure. In this case you have the right to choose another health care provider.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- You have the right to request that your protected health information be amended.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your/your child's protected health information.
- You have a right to obtain a copy of this notice upon request. We reserve the right to change the terms of this notice and will inform you by mail of any changes.

Complaints: You may complain to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with our privacy officer:

Richard Feingold, Business Manager

Please sign and return to acknowledge your receipt of this notice:

Client (printed): _____

If child, parent name (printed): _____

Client (or parent) signature: _____

Date: ____/____/____