



## **Theraplay Pediatric Services, Inc.**

# **NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE APRIL 14, 2003**

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant 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 health information and how we may use and disclose your health information. Protected health information (PHI) is the information we create and obtain in providing our services to you. Such information may include evaluations, treatment plans and notes, and applying for future care or treatment (prior authorization). It also includes billing documents for these services.

The purpose of this notice is to ensure that you (the health-care recipient) or your designated representative is aware of your rights to ensure the privacy of your healthcare information.

### **Treatment**

Your health information may be used by staff members (i.e., therapists) or disclosed to other health care professionals for the purposes of evaluating your medical condition, and providing treatment. For example, results of therapeutic evaluations will be available in your medical record to all health professionals who may provide treatment or consultation for the condition being treated.

### **Payment**

Your health information may be used to seek payment from your insurance plan or other sources of coverage you may use to pay for therapy services. For example, your health plan may request and receive information on dates of service, services provided, and the medical condition being treated.

### **Health Care Operations**

Your health information may be used as necessary to support the day-to-day activities and management of Theraplay Pediatric Services, Inc. For example, information on the services you received may be used to support budgeting and financial reporting, as well as evaluation and promotion of quality assurance.

### **Other Use and Disclosure of Patient Information**

Your medical information will be used for treatment, payment and operations to maintain the highest quality of care possible. HIPAA allows disclosure of this information to your designated/authorized next of kin, licensed healthcare providers involved in your care, and other healthcare entities including insurance



companies, state and federal regulation agencies, as well as law enforcement agencies in the interest of public safety. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. We may disclose your health information to public authorities, as allowed by law, to report abuse or neglect. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Any other uses and disclosures of your personal health information will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You, the patient, however, reserve the right to request in writing restriction on certain uses and disclosures.

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on certain uses and disclosures of protected health information. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your child's protected health information kept on file with Theraplay Pediatric Services, Inc.
- The right to request an amend information we have about your child that is incorrect or incomplete.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to obtain a paper copy of this notice.

### **Theraplay Pediatric Services, Inc. Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

### **Right to Revise Privacy Practices**

We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. These changes in our policies and practices may be required by changes in federal and state laws and regulation. Revisions to our Notice of Privacy Practices will be posted on the effective date. To obtain the most recent notice, please submit a request in writing to **Amanda Vinson, MPT, PCS, Privacy Officer of Theraplay Pediatric Services, Inc.** at the address listed below.

### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Amanda Vinson. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.



### **Confidentiality of Patient Information**

Theraplay Pediatric Services, Inc. will attempt in all cases to preserve the confidentiality of all oral and written medical information. This includes progress information at the end of treatment sessions, written information and electronic transmission of information to physicians, insurance companies, state and federal entities, and law enforcement agencies in the interest of public safety. Theraplay Pediatric Services, Inc. will not be held responsible in the event of natural disasters, theft, or burglary of their physical and electronic property, having taken reasonable precaution.

### **How to File a Complaint**

You may file a complaint if you feel that your privacy rights have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. Theraplay Pediatric Services, Inc. will not retaliate against you for filing a complaint.

### **For more information about HIPAA or to file a complaint:**

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775 (toll-free)

### **For more information about our Privacy Practices, please contact:**

Amanda Vinson  
Theraplay Pediatric Services, Inc  
404.314.5505  
Theraplay.PT@gmail.com

We maintain a website that provides information about Theraplay Pediatric Services, Inc. This notice will be posted on our website.