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HIPAA NOTICE OF PRIVACY PRACTICES & DISCLOSURES

Patient Rights

This policy outlines protection, privacy, and security of patient health information (PHI) and ensure compliance with HIPAA regulations. This policy applies to all employees, contractors, and volunteers at the pediatric physical therapy clinic. Any information related to a patient's health status, provision of healthcare, or payment for healthcare that can be used to identify the patient.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have a right to get an electronic or paper copy of your medical records

- You can ask to receive or view an electronic or paper copy of your records that TEAM Pediatric Therapy has about you. Feel free to ask us how to do this.
- TEAM Pediatric Therapy will provide you a copy or a summary of your health records, within 30 days. In certain cases, we may charge a cost-based fee for the production of such records.

You have the right to correct your medical records

- You can ask our office to correct health information that you feel may be incorrect. Feel free to ask us how to do this.
- If we deny your request, we will let you know in writing within 60 days.

Request confidential communications

- You can request we contact you in a specific way or in a specific manner, for example, home or office phone or to send mail to a different address.
- We will do our best to accommodate any reasonable request

You may request us to limit the information we share

- You can ask us to not share certain health information for treatment, payment, or operations. We will attempt to honor this request although we may deny this request if it will impact your care.



- For health care services paid for out of pocket in full, you may ask us to not share that information for the purpose of payment or our operations with you health insurer. We will honor this request unless there are applicable laws contrary to the request.

Get a list and learn who we have shared your information with

- You may ask for a list (accounting) of the times we shared your information with for six years prior to the request date. This includes the times the information was shared, who we shared it with and why.
- We will include all the disclosures expect for those about treatment, payment, and health care operations and other disclosures you asked us to make. We will provide this information for the last 12 months at no charge but may charge a cost-based fee for accounting over 12 months.

Get a copy of this privacy notice

- You can request a paper copy of this notice at any time, even if you previously asked for an electronic copy.

You may elect for someone else to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

You have the right to file a complaint if you feel your rights have been violated

- You can file a complaint with us using the information provided on page 1
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you because of you filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference as to how we share your information in the situations listed below let us know. Tell us what you want us to do, and we will follow your instructions.

You have the right and choice to:

- Share information with your family, close friends or others involved with your care
- Share information in a disaster relief situation
- Include your information in a hospital directory



- Reach out to you for fundraising efforts
- Note: If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these instances, we will never share your information unless you give us written permission:

- Marketing
- Sale of your information
- Most sharing of psychotherapy notes

In case of fundraising, we may contact you for fundraising efforts, but you can opt out of such communications.

TEAM Pediatric Therapy Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- Treat You – We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Run our Company – We use your health information to run our practice, improve your care and contact you when necessary. Example: We use health information about you to manage your treatment and services
- Bill for Services – We can use and share your health information to bill and receive payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

Other ways we use or share your health information:

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues - this includes uses such as

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety



Research

- We can use your information for health research

Comply with the law

- We will share information if state or federal laws require it, including with the Department of Health and Human Services if it wants to verify, we are complying with federal privacy law.

Respond to organ and tissue donation requests

- We share health information about you with organ procurement organizations

Work with medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies

Address workers' compensation, law enforcement, and other government agencies

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security and presidential protective services

Responding to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

TEAM Pediatric Therapy Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.





For More Information

More information can be found at <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html> or <https://www.hhs.gov/hipaa/for-individuals/index.html>

Changes to the Terms of This Notice

We can change the terms of this notice, and change will apply to all information we hold about you. The new notice will be available by request, in our office and on our website.

This is effective on the original acceptance of this notice.

This Notice of Privacy Practice applies to: TEAM Pediatric Therapy Inc

If you have concerns or questions about our Privacy Policy, please contact our office at (321) 282-6149

