

Children's Therapy Place

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT OUR CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT ANY PART OF THIS NOTICE, PLEASE ASK TO SPEAK TO OUR PRIVACY OFFICER.

This Notice of Privacy Practices describes how we may use and disclose our clients' protected health information needed to treat our clients, obtain payment for services, health care operations, and for other purposes permitted by law. The term "protected health information" means any information about clients, including information that may identify clients, and relates to their past, present, or future physical or mental health or condition and related health care services.

The practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). CTP is required to comply with the terms of this Notice of Privacy Practices.

This Notice of Privacy Practices will apply to:

- ❖ Any health care professional authorized to enter information into client files
- ❖ All areas of CTP operations (administration, billing and collection, etc.);
- ❖ All employees, staff and other personnel that work for or with CTP;
- ❖ Our business associates (including a billing service, or facilities to which we refer clients), on-call staff, and so on.

CTP may change the terms of this Notice at any time. The new notice will be effective for all protected health information that we maintain at that time with the last revision date in the lower left corner. The current notice will always be posted in our office and on our website. To request a revised Notice of Privacy Practices, clients may call the office and request a copy or they may ask for a copy at their next visit.

We understand that medical information is personal to our clients, and we are committed to protecting such information. We want our clients to feel comfortable sharing any information with our therapists in order to help him/her provide the most appropriate care.

I. Permitted Use or Disclosure

The following are examples of different ways that we use and disclose protected health information that we have and share with others. Each type of use or disclosure provides a general explanation and provides some examples of uses. This list does not include every potential use for disclosure of information in a category. The explanation is provided only to help clients understand how the practice may use or disclose their protected information in compliance with any authorizations or consents required by law.

A. Treatment

We will use medical information about clients that was on file prior to this notice or which may be obtained after the date of this Notice to provide, coordinate, or manage client care and services. This includes the coordination or management of client services with others that have already obtained a client's permission to have access to their protected health information. Therefore, we may disclose medical information about clients to doctors, nurses, laboratory or imaging technicians, medical students, hospital or home health personnel who are involved in taking care of our clients.

We also may disclose medical information about our clients to people outside CTP who may be involved in our clients' medical care after they leave CTP; this may include family members, or other personal representatives authorized by our clients or by a legal mandate (a guardian or other person who has been named to handle a client's therapy decisions, should the client become incompetent).

B. Payment

We may use and disclose information about clients for services and procedures so they may be billed and collected from our clients, an insurance company, or any other third party. For example, we may need to give client information to obtain payment or reimbursement for the services rendered.

C. Health Care Operations

We may use and disclose information about clients so that we can run our company more efficiently and make sure that all of our clients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the information we have with information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use or disclose information about you for internal or external utilization review and or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your records.

D. Appointment and Patient Recall Reminders

We may ask that you sign in at the Receptionists' Desk, on a "Sign In" log on the day of your appointment with CTP. We may use and disclose information to contact you as a reminder that you have an appointment for care with CTP or that you are due to receive periodic care from CTP. This contact may be by phone, in writing, e-mail, text message, or otherwise and may involve leaving an e-mail, a message on an answering machines, or otherwise which could (potentially) be received or intercepted by others. Please let us know, in writing, if this is not acceptable or if there is another telephone number, e-mail address, or method of notification you prefer.

E. Emergency Situations & Disaster Relief

In addition, we may disclose information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

F. Research

Under certain circumstances, we may use and disclose information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of information. Before we use or disclose information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

G. Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

H. To Avert a Serious Threat to Health or Safety

We may use and disclose information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

I. Workers' Compensation

We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

J. Public Health Risks

Law or public policy may require us to disclose information about you for public health activities. These activities generally include the following:

- ❖ to prevent or control disease, injury or disability;
- ❖ to report births and deaths;
- ❖ to report child abuse or neglect;
- ❖ to report reactions to medications or problems with products;
- ❖ to notify people of recalls of products they may be using;
- ❖ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ❖ to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

K. Investigation and Government Activities

We may disclose information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

L. Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our company in any actual or threatened action.

M. Law Enforcement

We may release information if asked to do so by a law enforcement official:

- ❖ In response to a court order, subpoena, warrant, summons or similar process;
- ❖ To identify or locate a suspect, fugitive, material witness, or missing person;
- ❖ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ❖ About a death we believe may be the result of criminal conduct;
- ❖ About criminal conduct at the Practice; and
- ❖ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

N. Coroners, Medical Examiners and Funeral Directors

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about clients of the company to funeral directors as necessary to carry out their duties.

O. Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

II. Other Uses and Disclosures

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

III. Patient Rights

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF CTP REGARDING THE USE AND DISCLOSURE OF YOUR INFORMATION.

You have the following rights regarding information we maintain about you:

A. Right to Inspect and Copy

Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data

You have the right to inspect and copy client information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your record, you must submit your request in writing to our Compliance Officer. Ask the front desk person for the name of the Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by CTP will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

B. Right to Amend

If you feel that the information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as CTP maintains your record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ❖ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ❖ Is not part of the client information kept by or for the company;
- ❖ Is not part of the information which you would be permitted to inspect and copy; or
- ❖ Is inaccurate and incomplete.

C. Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" made by CTP after April 14, 2003. This is a list of the disclosures we made of information about you to others that are not involved with your treatment, payment of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (**or the actual implementation date of the HIPAA Privacy Regulations**). Your request should indicate in what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is accepted from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request **in writing**. In your request, you indicate:

- ❖ what information you want to limit;
- ❖ whether you want to limit our use, disclosure or both; and
- ❖ to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about therapy matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all *reasonable* requests. Your request must specify how or where you wish us to contact you.

F. Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

IV. Changes to this Notice

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this Notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new Notice in our office, have copies available in our office, and post it on our web site.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Children's Therapy Place, Inc's Compliance Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with CTP, contact our Compliance Officer, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.