



NOTICE OF PRIVACY PRACTICES



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.

At Associates in Pediatric Therapy, LLC, we are committed to protecting the privacy rights of our patients. You have a variety of rights under the federal law known as HIPAA, the Health Insurance Portability and Accountability Act of 1996, and the related Privacy Rule published by the U. S. Department of Health and Human Services.

We have certain obligations under HIPAA and the Privacy Rule: We are required to maintain the privacy of protected health information. We are required to provide you with this notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the notice currently in effect.

We reserve the right to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. If we do update our notice, we will post a revised notice on our website. You may also request a copy of any revised notice by calling the office and requesting that a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

WHAT IS PROTECTED HEALTH INFORMATION OR PHI? Health information includes more than just information about medical procedures. The term health information includes all information that relates to: an individual's past, present or future physical or mental health or condition; the provision of health care to an individual; and the past, present or future payment for the provision of health care to an individual. Health information that identifies an individual, or which can probably be used to identify the individual, is protected by law and is known as protected health information or "**PHI.**"

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION OR PHI. We will use your PHI as part of rendering patient care for treatment, payment and healthcare operations. For example, your PHI may be used by your therapist and others who are involved in your care and treatment. Your PHI may also be used by the billing office to process billing and/or payment of your health care charges or to otherwise support the operation of our practice. In the following circumstance, we are permitted to use or disclose your PHI without obtaining written consent or without giving you a chance to object or agree to the use or disclosure:

For Treatment: Treatment means the provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers regarding a patient; or the referral of a patient for health care from one health care provider to another. For instance, we may use and disclose your PHI to third parties, such as your pediatrician or a specialist.

For Payment: Payment means both activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care and by a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan. For instance, we will share PHI with your health plan to help obtain payment for your visit. Your health plan may undertake certain activities before it approves or pays for the health care services, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Health Care Operations: Health care operations means activities that support the business operations of our practice, including, but not limited to, quality assessment and improvement activities, employee review activities, training, licensing and conducting or arranging for other business activities. For instance, we may use your PHI in evaluating your therapist.

To Business Associates. We may share your PHI with third party "business associates" that perform various activities (for example, billing services) for our office. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will require a written contract that contains terms intended to appropriately safeguard the privacy of your PHI.

For Appointment Reminders and Sign-In Sheets: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards or letters). We may also use sign-in sheets or call you by name in our waiting room.

To Provide Information about Treatment or Services. We may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES OF PHI. We may disclose your PHI to you. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may also use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. If you are unable to agree or object to such disclosures, we may disclose such information as we believe is necessary if we determine that it is in your best interest based on our professional judgment. If patient is a minor or is legally incompetent, we may disclose your protected information to a parent, guardian, custodian or representative to the extent not prohibited by law.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT. We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law; Judicial and Administrative Proceedings: We may use or disclose your PHI if the use or disclosure is required by law. We may disclose your PHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. We also may disclose PHI for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your health information to the FDA relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement. We may disclose your PHI when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Research: We may disclose your PHI to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI to appropriate government authorities if we believe that you have been a victim of abuse, neglect or domestic violence.

To Avert a Serious Threat to Health or Safety; Criminal Activity: Consistent with applicable law, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual. ^{(b) (6)} ^{(b) (7)(C)}

Coroners, Medical Examiners, Funeral Directors; Organ Donation: We may disclose your PHI to a coroner, medical examiner or a funeral director. If you are an organ donor, we may disclose your PHI to an organ donation and procurement organization.

Essential Government Functions; National Security; Law Enforcement; Military Activity: We may disclose your PHI for law enforcement purposes or other specialized governmental functions. We may disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President, or others as legally authorized. We may disclose PHI of individuals who are Armed Forces personnel; for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or to foreign military authorities if you are a member of that foreign military services

Workers Compensation: We may disclose your PHI per laws relating to workers' compensation, OSHA or similar programs.

USES AND DISCLOSURES OF PSYCHOTHERAPY NOTES. Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session. Psychotherapy notes are PHI, but they are not part of your health record. In fact, they must be kept separate from the rest of your record because they are given greater protection than other types of PHI. We may use and disclose psychotherapy notes taken during counseling that you received from us only for the following limited purposes:

For Treatment. The physician or therapist that created the psychotherapy notes may use the notes for your treatment or to provide you with health care services. For example, a physician may review her notes prior to your therapy session.

For Training. We may use and disclose psychotherapy notes for our own training programs in which student, trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling.

Legal Action. We may use and disclose psychotherapy notes to defend ourselves in a legal action or other proceeding. For example, we may provide psychotherapy notes to our lawyers who are defending us in a legal case brought by you.

Health Oversight Activities. We may disclose psychotherapy notes to a health oversight agency for oversight activities involving the creator of the notes. (See above.)

Coroners or Medical Examiners. We may disclose psychotherapy notes to a coroner or medical examiner.

Required by Law; To Avert a Serious Threat to Health or Safety. We may disclose psychotherapy notes when required to do so by law. We may use and disclose psychotherapy notes if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION. We may make certain uses and disclosures of your information that require your consent. We will only make these uses and disclosures of your PHI with your written authorization. You may revoke this authorization in writing at any time. However, the revocation does not affect actions taken before we receive it. Please understand that we are unable to take back any disclosures already made with your authorization.

PATIENT RIGHTS. You have a variety of rights under HIPAA and the Privacy Rule that you may choose to exercise. These consist of the following:

Inspection: The right to inspect and obtain a copy of the PHI about you that we have in our files. Under law, however, you may not access, inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding or health information that is subject to a law that prohibits access to health information. In Kentucky, you may receive one free copy of your medical record; we may charge you a reasonable copy fee for additional copies.

Restriction: The right to request restrictions on certain uses and disclosures of PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that we limit disclosures made to family members or other persons who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a requested restriction; however, if we do agree, we must honor that agreement (except in certain emergency situations).

Alternative Communication: The right to receive confidential communications of PHI. For instance, you may wish to be contacted and/or receive appointment reminders or voice-messages only at a specific address or telephone number. We will make every effort to accommodate reasonable requests, and have an obligation to comply if you tell us that noncompliance could endanger you.

Amendment: The right to request an amendment of any inaccurate PHI. In certain cases, we may deny your request for certain specific reasons. If we deny your request for amendment, we will provide you with a denial and information regarding further rights you may have at that point.

Disclosure Accounting: The right to receive upon request an accounting of the disclosures of PHI we have made in the six years prior to the date on which the accounting is requested. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or others involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Notification of a Breach: The right to be notified as required by any applicable law in the event that we (or a business associate) discover a breach of unsecured PHI.

Paper Copy: The right to obtain a paper copy of this notice from us, upon request, even if you have agreed to receive this notice electronically.

PRIVACY COMPLAINTS AND QUESTIONS. If you believe your medical privacy rights have been violated, you may make a complaint by notifying our Privacy Officer (contact information below) of your complaint in writing. You may also contact the Office for Civil Rights of the U.S. Department of Health and Human Services. You will find information about HIPAA complaint procedure on their website. You can also call toll-free for assistance at (800) 368-1019. We will not retaliate against you in any way for making a complaint or otherwise exercising your rights under HIPAA or the Privacy Rule.

Please contact our Privacy Officer, Jeanne Burnett at (502) 633-1007, if you have any questions, need further information or to make a privacy complaint.

