

Integrated Pediatric Therapy

NOTICE OF PRIVACY POLICIES AND CONFIDENTIALITY PRACTICES

Health information is important to our ability to provide quality care. This information is personal and we are committed to protecting it. The purpose of this notice is to describe:

- How you can access your child's health information
- How client health information may be used and disclosed
- How the privacy of your child's health information is important to us

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR LEGAL RESPONSIBILITY

We are required by federal and state law to maintain the privacy of your child's health information. We are also required to give you this NOTICE about our privacy policies and practices, our legal duties, and your rights concerning your child's health information. We will follow the privacy practices described in this NOTICE while it is in effect. This NOTICE will remain in effect until we replace it.

We reserve the right to change our organization's privacy policies and practices and the terms of this NOTICE at any time, as permitted by federal and state law. We reserve the right to make changes in our privacy policies and practices and to make the new provisions effective for all protected health information that we maintain. If significant changes are made, the new NOTICE will be available upon request and will be posted at our site.

You may request a copy of our NOTICE at any time. For further information about our privacy policies and practices or a copy of this NOTICE, you may contact our office.

In order to maintain the privacy of all client information, Only family members should accompany the child during treatment sessions and consultation with the therapist.

PATIENT/CLIENT RIGHTS

- **Access:** You have the right to access your child's health information. You can request to view it and/or have us make photocopies of the information you desire. All requests for access to your child's health information must be in writing. In certain specific circumstances we may deny your request, but we will tell you in writing of our decision and any reason(s) for the denial.

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- **Amendment:** You have the right to request that we amend your child's health information. All requests to amend your child's health information must be in writing including an explanation of why you want the record amended. We may deny your request if the information:
 - a. was not created by us (e.g. report from another professional),
 - b. is not part of the protected health information we keep, or
 - c. is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint that can become a part of your child's record.

- **Alternative Communication:** You have the right to request that we communicate or send health information to you at an alternate address or by alternate means (e.g. only by phone or in person). All requests for alternative communication regarding your child's health information must be in writing and specify which location or method you want your child's health information communicated by our personnel.
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USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your child for treatment, payment, and healthcare operations. **For example:**

- **Treatment:** With your permission, we may use or disclose your child's health information to other healthcare providers involved in your child's care (i.e. pediatrician, speech therapist, psychologist).
- **Payment:** We may use or disclose your child's health information to assist you to obtain payment for the services we provide you. This may include but is not limited to, evaluation reports, treatment notes or other documentation required by your payment source.
- **Healthcare Operations:** We may use or disclose your child's health information as it relates to our healthcare operations. This may include agency operations such as performance or quality improvement activities, training programs (including staff and students), accreditation, certification, licensing or

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credentialing activities, reviewing the competence or qualifications of our healthcare professionals, and evaluating staff performance.

- **Required by Law:** We may use or disclose your child's health information when we are required to do so by law.
- **Abuse/Neglect/Public Health:** We may use or disclose your child's health information to appropriate authorities if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence, or other crimes. We may use or disclose your child's health information to prevent a serious threat to your child's safety or health or the safety and health of others (i.e. reporting a communicable disease).
- **Appointment reminders:** We may use or disclose your child's health information to provide you with an appointment reminder by telephone message, voicemail, or letter.
- **Your authorization:** In addition to our use and disclosure of your child's health information about your child for treatment, payment, and healthcare operations, we may use your information for other purposes with your written authorization. You may revoke this authorization at any time with a written request. Revoking your authorization, will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your child's health information for any reason except those described in this NOTICE without your written authorization.
- **Marketing:** We will not use your child's health information for marketing purposes or communications without your written authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made regarding access to your child's health information or in response to a request you made in writing, please contact our office to make a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services. Our office will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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We support your right to the privacy of your child's health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

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Telephone: 480-729-5700

Email: gandhi@ipedtherapy.com

Address: 7000 Atlas Peak Dr, Dublin, CA 94568

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES AND PRACTICES

Client

Date

I, _____, have received a copy of this agency's Notice of Privacy Policies and Practices and authorize use and disclosure of my child's health information for treatment, payment, and healthcare operations.

Print Name

Signature of parent or legal guardian

Date

Signature of other parent, if required

Date

Relationship to Client

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies and Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

Other (Please explain)
