

Notice of Privacy Practices

This notice describes the privacy practices at Springboard Pediatric Therapy and the therapists and related staff that work at or in conjunction with Springboard Pediatric Therapy.

We are dedicated to maintaining the privacy of your medical information. In conducting our services we will create records regarding you and your child and the treatment and services that we provide you with. These records are our property, however we are required by law to maintain the privacy of medical and health information about you and your child and to provide you with this notice of our legal duties and privacy practices with respect to “protected health information” as part of the Health Insurance Portability and Accountability Act (HIPAA).

Uses and Disclosures: We will use you and your child’s protected health information (PHI) for the purpose of treatment, payment, and health care operations.

Treatment includes the disclosure of health information to other providers who have referred you for services and are involved in your care. This may include doctors, nurses, technicians, and other occupational, physical, and speech therapists. [For example, we may feel that your child may benefit from an evaluation by a speech-language pathologist to address a swallowing difficulty. The health information we share with the speech-language pathologist would be considered a treatment related disclosure.]

Payment includes the disclosure of health information to your insurance company, so payment can be obtained for services rendered. Your insurance company may make a request to review your medical record to determine that your care was necessary.

Health Care Options includes the utilization of your records to monitor the quality of care being given at our facility or for business planning activities.

Other Special Uses: Our practice may use your child’s PHI to send you an appointment reminder, to inform you of our other health-related products and services, or to request a contribution to our charitable activities.

Uses and Disclosures Requires by Law: The federal health information privacy regulations either permit or require us to use or disclose your PHI in the following ways: we may share some of your child’s PHI with a family member or friend involved in your care if you do not object, we may use your child’s PHI in an emergency situation if you are not able to express yourself, and we may disclose your child’s PHI for research purposes if we are provided with very specific assurances that your privacy will be protected. We may also disclose your child’s PHI when we are required to do so by law, for example by court order or subpoena. Disclosures to health oversight agencies are sometimes required by law to report certain diseases or adverse drug reactions.

We may use and disclose health information about your child to avert a serious threat to your child's health or safety or the health or safety of the public or others.

Your authorization is required before your child's PHI may be used or disclosed by us for other purposes.

Your Privacy Rights

Restrictions: You have the right to request restrictions on how your child's PHI is used, however, we are not required to agree with your request. If we do agree, we must abide by your request.

Confidential communications: You have the right to request confidential communication from us at a location of your choosing. This request must be made in writing.

Access to PHI: You have the right to request a copy of your child's medical record. You must make this request in writing and we may charge a fee to cover the cost of copying and mailing.

Amendments: You have the right to request an amendment be made to your child's PHI, if you disagree with what it says about you or your child. This request must be made in writing. If we disagree with you, we are not required to make the change. You do have the right to submit a written statement about why you disagree and that will become a part of your child's record. We may not amend parts of your child's medical record that we did not create.

Accounting of Disclosures: After April 14, 2003, you have the right to request an accounting of the disclosures made in the previous six years. These disclosures will not include those made for treatment, payment, or health care operations or which we have obtained authorization.

Complaints: If you feel that your privacy rights have been violated, you have the right to make a complaint to us in writing without fear of retaliation. Your complaint should contain enough specific information so that we may adequately investigate and respond to your concerns. If you are not satisfied with our response, you may complain directly to the Secretary of Health and Human Services.

Our Duty to Protect Your Privacy: We are required to comply with the federal health information privacy regulations by maintaining the privacy of your child's PHI. These rules require us to provide you with this document, our *Notice of Privacy Practices*. We reserve the right to update this notice if required by law. If we do update this notice at any time in the future, you will receive a revised notice when you seek treatment from us.

Acknowledgement of Receipt of Notice of Privacy Practices

- I acknowledge that I have received a copy of Springboard Pediatric Therapy's "Notice of Privacy Practices".
- I understand that this notice will be filed with my child's health information record.
- I acknowledge that this "Notice of Privacy Practices" is effective Dec 1, 2005.

Recipient (Print Child's Name) _____ Date _____

Parent or Legal Guardian (Print Name) _____

Signature of Parent or Legal Guardian _____

For the purpose of providing comprehensive medical and mental health care coordination, we have found that communicating with our children's Pediatrician and Specialists is helpful to create open and transparent care. Would you allow us to speak with your Pediatrician/Specialist and office?

I agree that you may discuss my child and his/her progress with: (✓ all that apply)

- Pediatrician
- Specialists (PT, Speech, ABA)
- Psychologist
- Your Childs Teacher
- Your Childs Study Team Members