

Therapy Playground, Inc
4602 Cumberland Road
Fayetteville, NC 28306
(910) 423-5622

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your child's protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your child's protected health information and your privacy rights. The delivery of your child's health care services will in no way be conditioned upon your signed acknowledgment.

Who Will Follow this Notice

- All physicians, licensed health care personnel, employees, staff and other office personnel.
- Any independent health care professional who may provide services at our office and is authorized to enter information into your medical record.
- All students or trainees.
- Any persons or companies with whom Therapy Playground, Inc contracts for services to help operate our practice and who have access to our patients' medical information.

Our Responsibility Regarding Protected Health Information

Your child's 'protected health information' is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your child's past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your child's protected health information is kept private
- Give you this notice of our legal duties and privacy practices related to the use and disclosures of your child's protected health information,
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about your child as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

Our System

Therapy Playground, Inc works with several agencies and referral sources. Your child's health information will be shared in the following manner:

Treatment

1. We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. This includes disclosure to your physician or other health care providers who becomes involved in your care.
2. Within our office for administrative activities, quality assessment, oversight and peer review.
3. With our billing personnel and as necessary to obtain payment for your health care services.
4. With your insurance company or other payers as required for payment.

5. With the referring agency and case manager.
6. With any other provider, school or agency with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.

Required by Law

We may use or disclose your child's protected health information if law or regulation requires the use or disclosure.

We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Parental Access

We may disclose your child's protected information to parents, guardians and persons acting in similar legal status.

For Health Care Operations

Therapy Playground, Inc's staff and business associates may use and disclose medical information about you to operate this office. For example, Therapy Playground, Inc may use medical information to call out your name in the waiting room, to review treatment and services or to evaluate the qualifications and performance of therapists in caring for you. Therapy Playground, Inc may also disclose information to licensing authorities or offices who evaluate qualifications and review care to determine if Therapy Playground, Inc and its therapists can be licensed, credentialed, certified or approved under a health plan or to treat patients at a particular facility. Therapy Playground, Inc may contract with other professionals or companies, such as medical record transcription services, consultants, financial advisors or legal counsel, to help us run the practice and who have agreed to follow our Notice.

- **Contacting You.** Unless Therapy Playground, Inc has agreed in writing to your written request to handle these matters differently, Therapy Playground, Inc may use and disclose medical information to leave you a message or send you a letter concerning an appointment or to ask you to call concerning your child's care or your child's account. Therapy Playground, Inc will use the contact information that you provide.
- **Individuals Involved in Your Care.** Therapy Playground, Inc may disclose medical information about your child to a friend or family member who is involved in your child's medical care, unless you object. You can object to these disclosures by notifying Therapy Playground, Inc that you do not wish any or all individuals involved in your child's care to receive this information. If you are not present or cannot agree or object, Therapy Playground, Inc will use our professional judgment to decide whether it is in your child's best interest to disclose relevant information to someone who is involved in your child's care.
- **Research.** Under certain circumstances, Therapy Playground, Inc may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received treatment to those who received another for the same condition. Therapy Playground, Inc will obtain your written consent if the researchers will know who your child is. Medical information about your child that has had all identifying information removed may be used for research without your consent.

Uses and Disclosures of Protected Health Information Requiring Your Permission

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your child's protected health information.

Since some of our therapies are provided in your home or other natural environments, those present during the session, including friends, family, or day care providers may hear health information regarding your child. Please notify our office in writing if you do not want your child's protected health information to be discussed.

If your child receives therapy at our office the therapist may discretely share your child's progress in the waiting room in front of other patients. If you wish to have your child's progress shared in the treatment room, please notify our office in writing.

Your Rights Regarding Your Child's Health Information

You may exercise the following rights by submitting a written request to the Therapy Playground, Inc office.

1. You may inspect and obtain a copy of your child's protected health information that we keep as a part of medical and billing records.

2. You may ask us not to use or disclose any part of your child's health information for treatment, payment, or health care operations. Your request must be made in writing. This request will be honored if we mutually agree that the restriction will not harm your child.

3. You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

4. If you believe that the information we have about your child is incorrect or incomplete, you may request an amendment to your child's protected health information as long as we are responsible for and maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

5. You may request that we provide you with an accounting of the disclosures we have made of your child's protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. This disclosure must have been made after April 14, 2003, and no more than six years from the date of request. This right excludes disclosures made to you or authorized by you, to family members or friends involved in your child's care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Federal Privacy Laws

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your child's protected information.

Changes to this notice: Therapy Playground, Inc reserves the right to change this notice. Therapy Playground, Inc reserves the right to make the revised or changed notice effective for medical information already held about you as well as any information received in the future. Therapy Playground, Inc will post a copy of the current notice in the office. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

COMPLAINTS

If you have a complaint about your privacy rights, you may file a written complaint with this office or with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at (910) 423-5622. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Privacy Officer at (910) 423-5622. To notify our office in writing of a request please mail to the following: Privacy Officer 4602 Cumberland Road Fayetteville, NC 28306

Effective Date: April 14, 2003



4602 Cumberland Road
Fayetteville, NC 28306
Phone (910) 423-5622
Fax (910) 423-5538

Confirmation of Receipt of Notice of Privacy Practices
Effective April 14, 2003

I, _____, legal representative of _____
_____ (child's name), have received a copy of the notice of privacy practices from the office of Therapy Playground. I understand if I would like to request a change from these practices, I will contact Therapy Playground, Inc in writing at the above address.

Please initial the following statements that you are in agreement with:

_____ I agree to allow Therapy Playground staff to call my child's name in the waiting room.

_____ I do not agree to allow Therapy Playground staff to call my child's name in the waiting room.

_____ I agree to allow Therapy Playground staff to discuss my child's treatment session in the waiting room.

_____ I do not agree to allow Therapy Playground staff to discuss my child's treatment session in the waiting room. I will enter my child's treatment room 5 minutes before the end of the session in order to obtain a progress report and homework.

Parent's Signature

Child's Name

Date: _____