



## NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) The Health Insurance Portability and Accountability Act (HIPAA) requires all health care records and other individually identifiable health information or protected health information (PHI) used or disclosed in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your PHI is used. HIPAA provides penalties for covered entities that misuses personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

### We May Use and Disclose Your PHI in The Following Ways:

*Without specific written authorization, we are permitted to use and disclose your health records for the purposes of treatment, payment, and health care operations.*

**TREATMENT** Our practice may use your PHI to treat you. This includes providing, coordinating, or managing health care and related services by one or more health care providers.. For example, conversing with another therapist or physician regarding your health care.

**PAYMENT** Our practice may use and disclose your PHI in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as Babies Can't Wait. Also, we may use your PHI to bill you directly for services and items.

**HEALTH CARE OPERATIONS** These include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of client/family satisfaction, etc.

**APPOINTMENT REMINDERS** Our practice may use and disclose your PHI to contact you and remind you of an appointment by phone, mail, or e-mail.

**TREATMENT OPTIONS** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**HEALTH-RELATED BENEFITS & SERVICES** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**RELEASE OF INFORMATION TO FAMILY AND FRIENDS** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to therapy. In this example, the babysitter may have access to this child's medical information.

**DISCLOSURES REQUIRED BY LAW** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

### Use and Disclosure of your PHI in Certain Circumstances:

The following categories describe unique situations in which we may use or disclose your PHI. Information to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute,, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PHI if requested by a law enforcement official for any circumstances required by law. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.

We will protect your privacy, to the best of our abilities, despite the nature of providing therapy in a clinical and/or natural environment, such as school, daycare center or aquatic center. Limited information, such as first names and basic behavioral, cognitive, and physical characteristics of the clients may be provided to business associates(such as volunteers, students, etc.) assisting with the therapy sessions. The minimal required information will be provided to ensure a safe and efficient therapy session. We will attempt to lower our voices to speak in front of others and speak in more private locations, however, the therapy session and home activities may be discussed in front of others present.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request except to the extent that we have already taken actions relying on your authorization.

## Your Rights Regarding Your PHI:

You have certain rights in regards to your PHI which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- 1 Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- 2 Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- 3 Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
- 4 Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- 5 Accounting Disclosures.** All our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse: or the billing department using your information to file your insurance claim. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six(6) years from the date of disclosure and may not include dates prior to April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6 Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
- 7 Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- 8 Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain the records of your care.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. Revisions to our Notice of Privacy Practices will be posted in the clinic on the effective date and you may request a written copy of the revised notice from this office.

### For more information about our Privacy Practices or to file a written request, please contact:

Privacy Officer  
Nimble Kids LLC dba Comprehensive Therapy Children's Center  
200 Riverstone Drive, Suite B  
Canton, Ga. 30114  
(770) 345-7796

### For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(877) 696-6775 (toll-free)