

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how your child's Protected Health Information (PHI) may be used or disclosed, with whom that information may be shared, the safeguards in place to protect it, and how you can get access to this information. This notice also describes your rights to access and or refuse the release of specific information outside of this system except when the release is required or authorized by law or regulation. 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 policies and this Notice of how your child's PHI may be used and disclosed.

Acknowledgement of Receipt of this Notice. You will be asked to provide a signed acknowledgement of receipt of this notice. The intent is to make you aware of the possible uses and disclosures of your child's PHI 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. This notice applies to all therapy services provided by Kid Physical, LLC. It also applies to office personnel and billing personnel.

Our Responsibility Regarding PHI. Your child's PHI 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 received in the future. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

Our System. Kid Physical, LLC works with several agencies and referral sources. The following categories describe examples of the way we may use and disclose health information.

- Treatment – Your child's PHI may be used and disclosed to provide, coordinate, or manage your child's health care and any related services. This includes disclosure to your physician or other health care provider who becomes involved in your child's care.
- Payment – We may use and disclose health information about the treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. This information may also be shared with the billing personnel and as necessary to obtain payment for your health care services. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system.
- Health Care Operations – Your child's record may be used in our business planning and development operations, including improvements in our methods of operation, and general administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, arranging for legal and auditing functions, oversight, and peer review.
- Coordination of Care – Your child's PHI may be used and disclosed with the referring agency and case manager, if applicable. We may also share information with any other provider, school or agency with



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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 health information for the following types of entities without first obtaining your authorization.

- Public Health and Oversight Activities
- Law-enforcement
- Legal Proceedings
- Communicable Disease Health Oversight
- Abuse or Neglect
- Funeral Directors, Coroners, and Medical Directors
- Food and Drug Administration
- Organ and Tissue Donation Organizations
- Criminal Activity
- Military Command Authorities
- National Security and Intelligence Agencies
- Workers' Compensation

Your Rights Regarding PHI. Your child's PHI may be disclosed to parents, guardians, and persons acting in similar legal status. You have the following rights regarding PHI we maintain about your child.

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care.
- **Right to Amend.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. You must tell us the reason for your request. While your request for amendment will be accepted, Kid Physical, LLC is not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of PHI we made for purposes other than treatment, payment or health care operations as described in this Notice. This disclosure must have been made no more than six years from the date or 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.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation of the PHI we use or disclose for treatment, payment or healthcare operations. Please note that we will not grant requests for restrictions that pertain to treatment. In addition, you have the right to request a limit on the PHI we disclose about your child to someone who is involved in their care or the payment for your child's care, such as a family member or friend. For example, you could ask that we not share information about your surgery with your spouse or that we not share information with your insurance company if you choose to pay for your service. We are not required to agree to your request. If we mutually agree that the restriction will not harm your child, we will comply with your request unless we need to use the information in certain emergency treatment situations.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

You may exercise these rights by submitting a written request to the Kid Physical, LLC office.

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 policies and this notice of how I will use and disclose your child's protected information.

Complaints. If you believe these privacy rights have been violated, you may file a written complaint with the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.