



Notice of Privacy Practices and Confidentiality Agreement

**This Notice describes how health information about your child may be used and disclosed and how you can get access to this information.

The federal government has legislated the Health Information Portability and Accountability Act (HIPAA). The new rules regulate the privacy and accessibility of health information regarding your child's care at Connect the Dots Pediatric Therapy, Inc. We must follow these privacy practices that are described in this notice until it is changed. Effective 8/1/13. You may request a copy of your notice at any time as applicable by law. Any changes will be added to this form will be available to you. You may request a copy of this at any time.

Use and Disclosure Information

Treatment - We may use or disclose your child's health information to plan a course of treatment that includes evaluation, goals and treatment approach. At times, your child's medical information may be reviewed by a student intern at our facility. In addition, your child's medical records will be provided to your health plan and consulting physicians. Your child may receive therapy services in the same room with another child. Within an CTD facility, your child's goals and data pertinent to your child's treatment may be discussed with others.

Payment - We may use and disclose your health information to obtain payment for services we provide to you/your family member. A bill may be sent to you or your health insurance payer. The information on the bill may obtain information that identifies you, your spouse or your child. This information may include the child's date of birth, diagnosis and procedures or supplies used.

Appointments - We may use or disclose your health information to provide you with appointment reminders (such as email, voicemail messages, postcards or letters).

Check-In - Your child's name may be called when checking in at our window.

Schools and Agencies - We may provide information requested for IEP's, MFE's and evaluations with other professionals. We may disclose your child's information to doctors and other health professionals in regards to your child's care with us.

Other Permitted Uses and Disclosures - We may share information with other public health authorities charged with preventing or controlling disease, injury or disability. We will notify appropriate persons if we suspect child abuse or neglect.

We may need to provide medical information regarding your child to legal/judicial/administrative and law enforcement person. We may need to send you information regarding your child's care or billing issues through the mail. We may also send you information about groups and programs. This information may come in a marked envelope with our address on it. We will not use or disclose your child's health information without your written authorization.

Confidentiality - No information regarding other patients may be shared outside the walls of Connect the Dots Pediatric Therapy without parental permission.

Patient's Rights

- You have the right to view your child's health record and request a copy of it. There may be a copying and postage fee. You may be asked to show proof of guardianship or parent (driver's license, court order)
- You may request an amendment to your child's record. We are not required to make this change, but it will be noted in the record.
- You may restrict anything in our privacy act. We are not required to honor your request, but will make all efforts to accommodate reasonable requests. You may fax or mail this to us.
- Provide written authorization for uses and disclosures not otherwise permitted by law.

If you believe your privacy rights have been violated, you can file a complaint with our privacy officer or with the Secretary of Health and Human Services.

Secretary-US Department of Health and Human Services

200 Independence Avenue SW

Washington, DC 20201

Parent/Guardian Signature _____