



Date: \_\_\_\_\_

## HIPPA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your child's protected health information may be used and disclosed by your therapist, our office staff, and others outside of our offices who are involved in your child's care and treatment for the purpose of providing health care services to you child. Your protected health information may also be used and disclosed to pay your child's health care bills and to support the operation of your child's treatment.

**Treatment:** 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 the coordination or management of your child's health care with a third party. For example, we would disclose your child's protected health information, as necessary, to a pediatrician that provides care to your child. For example, your child's protected health information may be provided to a physician to whom your child has been referred to ensure that the physician has the necessary information to diagnose or treat your child.

**Payment:** Your child's protected health information will be used, as needed, to obtain payment for your child's health care services. For example, obtaining approval for a hospital stay may require that your child's relevant protected health information be disclosed to the health plan to obtain approval.

**Health Care Operations:** Your child's health information may be used as necessary to support the day-to-day activities and management of My Kids Therapy. For example, information on the services your child received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Other examples might include: employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision accreditation, certifications, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintain compliance programs, and business management and general administrative activities. In certain situations, we may also disclose client information to another provider or health plan for their health care operations.

**Law Enforcement:** Your child's health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting:** Your child's health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states' public health department.

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization, or opportunity to object unless required by law.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your child's protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your child's protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

**You may revoke this authorization**, at any time, in writing, except to the extent that your provider or the providers practice has taken an action in reliance on the use or disclosure indicated in the authorization.



Date: \_\_\_\_\_

**You have the following rights under the federal privacy standards regarding the health information that we maintain about your child. These rights are as follows:**

- The right to request restrictions on the use and disclosure of your child's protected health information
- The right to receive confidential communications concerning your child's medical condition and treatment
- The right to inspect and copy your child's protected health information
- The right to amend and submit corrections to your child's protected health information
- The right to receive an accounting of how and to whom your child's protected health information has been disclosed
- The right to receive a printed copy of this notice

**COMPLAINTS**

**You may complain to us or to the Secretary of Health and Human Services if you believe your child's privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.**

**My Kids Therapy Duties**

We are required by law to maintain the privacy of your child's protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

*\*This notice was published and becomes effective on **August 17, 2015**.*

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I have read and understand all above authorizations and policies and I agree to them.

**X** \_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness