

# Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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## OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy policies that are described in this notice while it is in effect. This notice takes effect **April 14, 2003**, and applies to all protected health information as defined by federal regulations. We will not use or disclose your PHI without your authorization, except as described in this notice. We will also discontinue to use or disclose your PHI after we received a written revocation of the authorization according to the procedures included in this authorization.

## USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose protected health information about our patients for treatment, payment, and healthcare operations. Following are examples of the types of uses and disclosures that we are permitted to make.

**Treatment:** We may use or disclose your PHI to a physician, referring doctor, staff member, or other healthcare provider providing treatment in order for you to receive appropriate healthcare. We may also disclose PHI to individuals outside of our office who may be involved in your healthcare.

**Payment for Treatment:** We may use and disclose your PHI so that the treatment and services you receive from our providers may be billed to, and payment may be collected from, you, an insurance company, or a third party.

**Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, public health activities, health oversight activities, licensing or credentialing activities.

**Your authorization:** In addition to our use of your PHI for treatment, payment, or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone that you designate. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect and use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

**Persons Involved In Care:** We may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on determination using our professional judgment disclosing only PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your PHI for marketing communications without your written authorization.

**Required By Law:** We may use or disclose your PHI when we are required to do so by law or in response to a valid subpoena.

**Abuse or Neglect:** We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety of the health or safety of others.

**National Security:** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

**Public Health:** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** We may disclose to correctional institution or law enforcement officials having lawful custody of PHI.

**Appointment Notification:** We may use or disclose your PHI to provide you with appointment reminders (such as in person, telephone contact, e-mail contact, voicemail messages, postcards, and/or letters).

### PATIENT RIGHTS

**Access:** You have the right to look at or obtain copies of your PHI with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for copying of records including labor, postage, and supply costs. If radiographs are copied a reasonable fee will be accessed for record duplication and postage if you want the copies mailed to you. If you request an alternate format, we will charge you a cost-based fee for providing your PHI in that format. If you prefer, we will prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our website or by e-mail, you are entitled to receive this notice in written form.

### QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact our HIPAA Privacy Officer, Jason Berty, at the address listed below.

If you believe that your privacy rights have been violated, you can file a complaint with the practice's HIPAA Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services at the address listed below. There will be no retaliation for filing a complaint with either the HIPPA Privacy Officer or the Office for Civil Rights. We support your right to the privacy of your PHI.

Children's Therapy Connection  
Attn: HIPAA Privacy Officer  
7424 Shadeland Station Way  
Indianapolis, IN 46256  
[www.childrenstherapyconnection.com](http://www.childrenstherapyconnection.com)

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
[www.hhs.gov](http://www.hhs.gov)