

Privacy Practice



NOTICE OF PRIVACY PRACTICES

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

Therapy at the Zone provides physical, occupational, and speech therapy and services ancillary thereto to its patients. Federal and state law require that HCP protect the privacy of your medical information, which includes, but may not be limited to, information that identifies you and relates to your past, present or future health or condition, the provision of health care to you, or the payment for the health care received by you. The HCP may hire or consult with other companies ("Business Associates") to help provide healthcare services for you. These Business Associates may also receive and maintain your medical information.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practice will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy in the treatment room, a copy on our website, and sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

The HCP may use and disclose your medical information without your written permission for the following purposes:

- **For treatment** - Example: HCP may disclose medical information the HCP has created or received for treatment purposes. For example, the HCP may disclose your medical information to your doctor or another therapist to help with your treatment
- **For Payment** - HCP or one of its Business Associates may use or disclose your medical information to assist in the payment of claims for medical services provided to you or to provide eligibility information to you your therapist when you receive medical treatment.
- **For Health Care Operations** - the HCP may provide your medical information to our accountants, attorneys, consultants, and others in order to make sure we are complying with federal and state law. For example, your medical information may be used or disclosed to assess the quality of health care you receive, for activities relating to the creation, renewal, or replacement of health insurance coverage, or to assist the HCP in the management of its business and performance of administrative activities.
- **To you, your personal representative, or others involved in your healthcare:** The HCP may provide your medical information to you and your legal representative, to a person, including family member, other relatives, friends or others identified by you and acting on your behalf , so long as you do not object and the information is directly relevant to such person's involvement in your health care. For this purpose, a person acts on your behalf by being involved in the provision and /or payment of your health care.
- **When a disclosure is required by law:** The HCP may use or disclose your medical information when required by law. For example, the HCP may disclose your medical information to a city, state, or

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government authority and/or any other agency authorized to receive reports of abuse, neglect of domestic violence, or a response to a court order or subpoena and/or to a coroner, medical examiner or funeral director or other similar laws.

- **For health-related benefits;** HCP or one of its Business Associates may contact you to provide appointment reminders, give you information about treatment alternatives or other health benefits or services that may be of interest to you.

For other uses and disclosures permitted by law such as:

- To public health authorities for public health purposes (i.e., the reporting of communicable diseases); For research purposes in limited circumstances (i.e. If identifying information is removed) .
- To avert a serious threat to your health or safety or the health or safety of others;
To an executor or administrator of your estate
- Specialized Government Functions:
 - Health oversight for activities authorized by law, such as audits, investigations, and inspections.
 - Medical Emergencies: we may use or disclose your PHI in a medical emergency to medical personnel only in order to prevent serious harm.
 - Verbal Permission: We may also use or disclose your information to family members and friends that are directly involved in your treatment with your verbal permission.
 - With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked, unless the HCP has already taken action in reliance on your permission.

With the exception of the above circumstances, any use or disclosure of your PHI will be made only with your written authorization. Your written authorization may be revoked, in writing, at any time except to the extent that we have provided services or taken action in reliance on your authorization.

YOUR RIGHTS

You have the following rights regarding PHI we maintain. To exercise any of these rights, please submit your request in writing to our Privacy Officer Angie Brown at 4410 McDermid Dr. Houston, TX 77035.

- **Right to Request Restrictions.** You have the right to request restrictions or limitation on certain uses and disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Receive Confidential Communications.** The HCP may not deny a request to communicate with you in confidence by a different means or location if the current means or location used by the HCP endangers you. The HCP may, however, request payment for any additional expenses it incurs to comply with your request.
- **Right to Inspect and/or Copy.** You have the right to inspect and/or copy certain PHI for as long as that information remains in your record. Requests must be made in writing to the Privacy Official. We may charge a reasonable, cost based fee for copies.

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- Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- Right to Receive an Accounting. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12- month period
- Right to Receive Notice. You have the right to a copy of this Notice, upon request.

COMPLAINTS

If you feel as if your privacy rights have been violated, you may file a written complaint to:

Monique Manning
4311 Compton Ct.
Bellaire, TX 77401

or with the Secretary of Health and Human Services at 200 Independence Avenue SW, Washington, D.C. 20201

PRESCRIPTION I LETTER OF MEDICAL NECESSITY

PHYSICIAN NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY/STATE/ZIP: _____

PATIENT'S NAME: _____ DOB: _____

DIAGNOSIS: _____

The above named patient has been under my care. I recommend the following mode of therapy or medical equipment.

- THERAPY
 EVAL/TREAT
 FREQ PER WK DURATION _____ (MONTHS)

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- OT (Occupational Therapy)
- PT (Physical Therapy)
- ST (Speech Therapy)

LIMITATIONS: _____

These modes of therapy are medically necessary to improve:

- Muscle tone and strength
- Balance/coordination
- Mobility
- Fine/gross motor control
- Tongue/oral movements
- _____

and to prevent the development of deformities or contractures, which may require surgical intervention. Description of Medical Equipment | Reason Needed:

- I am planning to see this child back at regular intervals to re-evaluate the need for therapy or medical equipment.

Sincerely,

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Client Copy Company Copy

I understand and have been provided with a Notice of Privacy Practices for Protected Health Information also known as "PHI" which provides a more complete description of information uses and disclosures.

I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

Patient Printed Name _____

Signature _____ Date _____

Patient Name _____ Date of Birth _____