



Background

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights.

General Rule

The Privacy Rule provides that an individual has a right to adequate notice of how a covered entity may use and disclose protected health information about the individual, as well as his or her rights and the covered entity's obligations with respect to that information. Most covered entities must develop and provide individuals with this notice of their privacy practices. See 45 CFR 164.520(a).

Milestones Pediatric Therapy Services, LLC is required by law to maintain the privacy and confidentiality of all protected health information. We will do our utmost to safeguard the privacy of all patient/client information provided to Milestones Pediatric Therapy Services, LLC by the client or any third party entities.

How Your PHI will be used:

Protected health information, or "individually identifiable health information," will be obtained and kept onsite via current documentation systems utilized by Milestones Pediatric Therapy Services, LLC, and online in protected documentation systems in accordance with federal regulation. Protected health information will be used to provide direct care and treatment services onsite, used for payment purposes with authorized insurance companies and their representatives, both indirect and onsite at their request, and will be used for communication of care with other authorized health care providers. Protected health information may also be used for health care operations, not limited but including the following: quality assurance, competency assurance activities, conducting or arranging medical reviews, audits, or legal services, and business management, planning, development, and insurance. Milestones Pediatric Therapy Services, LLC must make reasonable effort to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request.

Rights

Individuals have the right to review and obtain a copy of their protected health information in Milestones Pediatric Therapy Services, LLC's "designated record set," the group of records maintained by Milestones Pediatric Therapy Services, LLC, that is used to make decisions about individuals, or that is a provider's medical and billing records about individuals or a health plan's enrollment, payment, claims adjudication, and case or medical management record systems. The rule bars right to access for information compiled for legal proceedings and other circumstances listed. See OCR Privacy Rule Summary pg 12 for further details.

Individuals have the right to request that Milestones Pediatric Therapy Services, LLC amend their protected health information in a designated record set when that information is considered inaccurate or incomplete. If Milestones Pediatric Therapy Services, LLC accepts an amendment request, it must make reasonable efforts to provide the amendment to persons that the individual has identified as needing it and to persons that Milestones Pediatric Therapy Services, LLC knows might rely on the information to the individual's detriment.

Individuals have the right to an accounting of the disclosures of their protected health information by Milestones Pediatric Therapy Services, LLC or their business associates.

Individuals have the right to request that Milestones Pediatric Therapy Services, LLC restrict use or disclosure of protected health information for treatment, payment or health care operations, disclosure to persons involved in the individual's health care or payment for health care, or disclosure to notify family members or others about the individual's general condition, location, or death. Milestones Pediatric Therapy Services, LLC is under no obligation to agree to requests for restrictions.

Individuals have the right to request an alternative means or location for receiving communications of protected health information by means other than those that Milestones Pediatric Therapy Services, LLC typically employs.

For further information regarding details of our Privacy Policy, please contact via e-mail at milestonespedstherapy@gmail.com or via telephone. A complete copy of the HIPAA Privacy Notice is available upon request or at <http://www.hhs.gov>.

For complaints regarding the Privacy Policy, please visit <http://www.hhs.gov> to contact the Office for Civil Rights.



Privacy Policy Acknowledgement

I, _____, hereby acknowledge that I have received a copy of and understand Milestones Pediatric Therapy Services, LLC's Notice of Privacy Practices for Protected Health Information, in regards to my child's protected health information. I understand I can request copies of HIPAA regulations at any time.

X _____
Signature of Parent / Guardian Date

Relationship Patient Name

X _____
Witness Date

*patient must be 18 years old or older to sign for their care