



3199 E Warm Springs RD
Ste 200
Las Vegas, NV 89120

Ph: (702) 998-1793
Fax: (702) 920-8257
info@motivatedkidstherapy.com

Notice of Privacy Practices

Motivated Kids Therapy LLC will ask you to sign Acknowledgement that you have received this Notice of Privacy Practices. This notice describes how we may use or disclose your child's protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside of this system except when the release is required or authorized by law or regulation.

Treatment, Payment and Health Care Operations

Motivated Kids Therapy LLC is a children's therapy center which offers a variety of services for children with and without special needs and for their families. These services include occupational therapy, physical therapy, speech therapy and therapeutic group programs. Therapy is provided both individually and in groups in clinic, home and community based settings. We may use or disclose health care information to receive payment for services from state agencies, county agencies, insurance companies or others who pay costs of some of all of your health care.

We will use your health care information to carry out health care operations. This includes but is not limited to: scheduling appointments, greeting and announcing on arrival, assisting your therapist/therapy team during the child's appointment, arranging referrals, and maintaining records. We may use your health care information to evaluate the quality and competence of our therapists and other health care staff.

Notification and Disclosures with Family or Business Associates

Using their judgment as health care professionals, our staff may disclose your child's health care information to a personal/legal representative (one who has valid Power of Attorney, a conservator or a guardian), another person responsible for care. We form contracts with entities known as Business Associates to whom we perform services for. We may disclose health care information in the interest of handling your child's case as it relates to meetings and reporting. We require all Business Associates to appropriately safeguard the health care information.

Other Required or Permitted Disclosures

We may disclose your health care information to the following entities and/or under given circumstances:

- to public health authorities for the purpose related to; preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting disease of infection exposure;
- to health agencies during the course of audits, investigations, inspections, licensure and other proceedings;
- in the course of any administrative or judicial proceedings;
- to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes;
- to coroners, medical examiners and funeral directors;
- to organizations involved in procuring, banking, or transplanting organs;
- to researchers conducting research that has been approved by an Institutional Review Board;
- to contact the patient for the purpose of fundraising;
- to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public;
- to provide you with information about other health-related benefits and services that may be of interest to you.

Authorized Use and Disclose of your Health Care Information

We will obtain written authorization before using or disclosing health care information about your child for the purposes other than those listed above or otherwise permitted or require by law. You may revoke an authorization in writing at any time.

Your Health Care Information Rights

You have the right to request restrictions on certain uses and disclosures of your health care information. However, Motivated Kids Therapy LLC is not required to agree to the restriction that you requested. Upon written request, you have the right to receive your health care information through a reasonable alternative means or at an alternative



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location. You have the right to request or inspect a copy of your child's health care information. You may request a copy of your records in writing with an original (not photocopied) signature. The charge for this service is **\$1.00 per page**, plus postage.

Surveillance

Motivated Kids Therapy LLC uses surveillance video cameras in its common areas. The cameras only run when the security system is armed in away mode during afterhours. Motivated Kids Therapy LLC will maintain the camera and video equipment and ensure that they are functioning properly. Only Managers of Motivated Kids Therapy LLC are authorized to review the recorded material. There may arise situations wherein the recorded material is necessarily used in the reporting and investigation of theft, assault, and other reportable incidents. During these investigations, your privacy as a patient may be compromised. If the recorded material is ever used in the reporting and investigation of reportable incidents, documentation will be made of the persons who view the recorded segments and their credentials. Also, all patients visible in the reviewed segments of recorded material will be notified that they were present in the viewed segments and given the names of all persons who viewed the segments. Motivated Kids Therapy will continuously monitor the surveillance policies and procedures to reduce the risk of breeches of privacy.

Changes to this Notice of Privacy Practices

Motivated Kids Therapy LLC reserves the right to amend this Notice of Privacy Practice at any time in the future and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendments. Until such amendments are made, Motivated Kids Therapy LLC is required by law to comply with this Notice.

For Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, please contact administrators. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services.

Direct all correspondence to: Motivated Kids Therapy LLC 3199 E Warm Springs Rd Ste 200 Las Vegas, NV 89120. If you believe your rights have been violated, you can file a complaint with the Secretary of Health and Human Services or go online to <https://www.hhs.gov/ocr/filing-with-ocr/index.html> for a list of offices.

Effective Date

Notice update 01/13/2020.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

_____	_____	_____	_____
Patient's Name	Date	Signature of Parent/Guardian/Representative	Date

Relationship to the patient (circle one):

Mother Father Other: _____