Notice of Privacy Practices

**\*\*** This Notice describes how health information about your child may be used and disclosed and how you can get access to this information.

The federal government has legislated the Health Information Portability and Privacy Act (HIPPA). The new rules regulate the privacy and accessibility of health information regarding your child’s care at Empower Pediatric Therapy. You may request a copy of your notice at any time. Any changes will be added to this form will be available to you. You may request a copy of this at any time.

**Use and Disclosure of Information Treatment-** We may use or disclose your child’s health information to plan a course of treatment that includes evaluation, goals and treatment approach. At times, your child’s medical information may be reviewed by a student intern at our facility. In addition, your child’s medical records will be provided to your health plan and referring physician. Your child may receive therapy services in the same room with another child. When in the treatment area or waiting area, your child’s goals and data pertinent to your child’s treatment may be discussed with other professionals and family members.

**Payment-** We may use and disclose your health information to obtain payment for services we provide to you/your family member. A bill may be sent to you or your health insurance payer. The information on the bill may obtain information that identifies you, your spouse or your child. This information may include the child’s date of birth, diagnosis and procedures or supplies used.

**Appointments**- We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

**Check-In-** Your child’s name may be called when checking in at our window. Your child’s name will be written on a sign in sheet.

**Schools and agencies-** We mayprovide information requested for IEP’s, MFE’s and evaluations with other professionals. We may disclose your child’s information to doctors and other health professionals in regards to your child’s care with us.

**Other Permitted Uses and Disclosures** To public health authorities charged with preventing or controlling disease, injury or disability. We will notify appropriate persons if we suspect child abuse or neglect. We may need to provide medical information regarding your child to legal/judicial/administrative and law enforcement person. We may need to send you information regarding your child’s care or billing issues through the mail. We may also send you information about groups and programs. This information may come in a marked envelope with our address on it. We will not use or disclose your child’s health information without your written authorization.

**Patient’s Rights**

* You have the right to view your child’s health record and request a copy of it. There may be a copying and postage fee.
* You may be asked to show proof of guardianship or parent (driver’s license, court order)
* You may request an amendment to your child’s record. We are not required to make this change, but it will be noted in the record
* You may restrict anything in our privacy act by completing a restriction request form. We are not required to honor your request, but will make all efforts to accommodate reasonable requests. You may fax or mail this to us.
* Provide written authorization for uses and disclosures not otherwise permitted by law.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have read and understand/agree with Empower Pediatric Therapy Privacy and Policy Act**.