



occupational therapy & yoga

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## **NOTICE OF PRIVACY PRACTICES**

**February 1, 2018**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how BOOST Kids, LLC may use or disclose your child's protected health information, with whom that information may be shared, and the safeguards BOOST Kids, LLC has 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.

### **Acknowledgement of Receipt of this Notice**

You will be asked to provide a signed acknowledgement of receipt of this notice. The intent is to make you aware of the possible uses and disclosures of your child's protected health information and your privacy rights. The delivery of your child's health care services will in no way be conditioned upon your signed acknowledgment. We are happy to answer any questions you may have regarding this Notice.

### **Who Will Follow this Notice**

This notice applies to all therapy services provided by BOOST Kids, LLC. It also applies to office personnel and billing personnel.

### **Our Responsibility Regarding Protected Health Information**

Your child's 'protected health information' is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your child's past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your child's protected health information is kept private
- Give you this notice of our legal duties and privacy practices related to the use and disclosures of your child's protected health information
- Follow the terms of the notice currently in effect
- Communicate any changes in the notice to you

### **Revisions**

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about your child as well as any information received in the future. Should we make revisions to this Notice, we will provide you notification as follows: 1. Upon request in writing or calling the phone number at the top of this Notice; 2. Electronically via our website; and 3. As posted in our place of business.

### **Our System**

BOOST Kids, LLC works with several agencies and referral sources. Your child's health information will be shared in the following manner:

1. Treatment – BOOST Kids, LLC will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. This includes



disclosure to your physician or other health care providers who become involved in your child's care.

2. Within our office for administrative activities, quality assessment, oversight, and peer review.
3. With our billing personnel and as necessary to obtain payment for your health care services.
4. With your insurance company or other payers as required for payment.
5. With the referring agency and case manager, if applicable.
6. With any other provider, school or agency with your written request. You may request written or verbal information sharing in writing. Your request should include as specified period of time for information sharing.

### **Required by Law**

BOOST Kids, LLC may use or disclose your child's protected health information if law or regulation requires the use or disclosure. We will notify the appropriate government authority if I believe a patient has been the victim of abuse, neglect, or domestic violence.

### **Health Oversight**

BOOST Kids, LLC may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

### **Legal Proceedings**

BOOST Kids, LLC may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

### **Parental Access**

BOOST Kids, LLC may disclose your child's protected information to parents, guardians, and persons acting in similar legal status.

### **Uses and Disclosures of Protected Health Information Requiring Your Permission**

In some circumstances, you have the opportunity to agree or object to use the disclosure of all or part of your child's protected health information, unless you are not present, are incapacitated, or in an emergency situation, in which case we are compelled by law to use our professional judgment to determine when to use your PHI, and the extent to which it is used. The following are examples of when you will have an opportunity to agree or object.

#### Friends and Family

In your presence, we may only disclose your PHI to friends and family with your express permission. If family members, friends, nannies, are present with you and your child at therapy sessions we will ask that you grant us permission before discussing your child's protected health information. If you would not like your child's protected health information to be discussed in their company, then they will be excluded from any such conversation.

#### Ancillary health care or child care providers

Your child's therapist may find it in your child's best interest to discuss his/her personal health information with his/her teachers, prior or current therapists in other settings or locations, or medical specialists he/she has received treatment from. If this is the case, you will be asked to provide written permission to discuss your child's personal health information with specific individuals. Your request should include a specified period of time for information sharing.



### **Your Rights Regarding Your Child's Health Information**

Federal law provides you several important rights regarding your personal health information. Protecting your personal health information is an important part of the services we provide. You may exercise the following rights by submitting a written request to the BOOST Kids office.

1. You may inspect and obtain a copy of your child's protected health information that is kept as part of medical and billing records.
2. You may ask BOOST Kids, LLC not to use or disclose any part of your child's health information for treatment, payment, or health care operations. Your request must be made in writing. This request will be honored only if we mutually agree that the restriction will not harm your child.
3. You may request that we communicate with you using alternative means with respect to your health matters and related personal health information. We ask that you make such communication requests in writing. We will honor all reasonable requests, when possible, to ensure that your child's personal health information is appropriately protected.
4. You have a right to access, inspect, and obtain a copy of your child's personal health information except where excluded by applicable law. All requests for access to your child's personal health information must be made in writing. We may charge you a reasonable fee for providing you a copy of your child's personal health information.
5. You have a right to request that we amend your child's personal health information if you believe the information we have is incorrect or incomplete, as long as we are responsible for and maintain this information. While BOOST Kids, LLC will accept requests for amendment, we are not required to agree to this amendment. If we deny the amendment, we will provide the rationale for denial to you in writing.
6. You may request that BOOST Kids, LLC provides you with an accounting of the disclosures we have made of your child's protected health information during a time period specified by applicable law prior to the date on which the accounting is requested. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as describe in the Notice of Privacy Practices. This right excludes disclosures made to you or authorized by you, to family members or friends involved in your child's care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

### **Federal Privacy Laws**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing policies and this notice of how we will use and disclose your child's personal health information.

### **Complaints**

If you believe these privacy rights have been violated, you may file a written complaint with the Department of Health and Human Services ("HHS") by using its Health Information Privacy Complaint Package. If you have questions regarding how to file a complaint with HHS, visit their website at [www.hhs.gov](http://www.hhs.gov). No retaliation will occur against you for filing a complaint.

**This notice is effective in its entirety as of February 1, 2018.**