



106 East 25th Ave.
Covington, LA 70433
985-327-5352

Privacy Notice

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you may be used and disclosed, and how you can get access to your individually identifiable health information. Please review this document carefully.

OUR COMMITMENT TO YOUR PRIVACY: Theraplay Pediatrics is dedicated to maintaining the privacy of individually identifiable health information as protected by law, including the Health Insurance Portability and Accountability Act (HIPAA). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. This information is referred to as protected health information or PHI. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our organization concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

THIS NOTICE CONTAINS THE FOLLOWING REQUIRED INFORMATION:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by Theraplay Pediatrics. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we have created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Treatment:**

	<ul style="list-style-type: none"> Theraplay Pediatrics may use your PHI to treat your child, including evaluations and creating individualized service plans. We may disclose PHI to pediatricians or other providers involved in your child's treatment, as well as students and interns for educational purposes.
2. Payment:	<ul style="list-style-type: none"> We may use and disclose your PHI for billing and collecting payment, including contacting health insurers for benefit certification and coordinating payment details.
3. Health Care Operations:	<ul style="list-style-type: none"> PHI may be used for business operations such as evaluating the quality of care, cost-management, and business planning activities.
4. Appointment Reminders:	<ul style="list-style-type: none"> Our organization may use and disclose your PHI to contact you and remind you of appointments.
5. Treatment Options, Health-Related Benefits, and Services:	<ul style="list-style-type: none"> PHI may be used to inform you of treatment options, health-related benefits, or services of interest.
6. Release of Information to Family/Friends:	<ul style="list-style-type: none"> Theraplay Pediatrics may release PHI to family or friends involved in your child's care.
7. Disclosures Required By Law:	<ul style="list-style-type: none"> We will use and disclose your PHI when required by federal, state, or local law.
8. DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:	There may be unique scenarios in which we may use or disclose your identifiable health information, including disclosing your PHI to law enforcement.

YOUR RIGHTS REGARDING YOUR PHI:

1. Confidential Communications:	<ul style="list-style-type: none"> You have the right to request confidential communication methods or locations.
2. Requesting Restrictions:	<ul style="list-style-type: none"> You may request restrictions on the use or disclosure of your PHI. We may not be required to agree, but if we do, we are bound by our agreement.
3. Inspection and Copies:	



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- You have the right to inspect and obtain copies of your PHI. A fee may be charged for associated costs.

4. Amendment:

- You may ask us to amend your health information if you believe it is incorrect or incomplete.

5. Right to a Paper Copy of This Notice:

- You are entitled to receive a paper copy of our Notice of Privacy Practices.

6. Right to File a Complaint:

- If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We request that you file your complaint with us first to allow us the opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. Right to Provide an Authorization for Other Uses and Disclosures:

- Theraplay Pediatrics will obtain your written authorization for uses and disclosures not identified by this notice. You may revoke authorizations at any time in writing.

I have read and agree to the terms above.

Patient Name: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____