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

Notice of Privacy Practices and Confidentiality Agreement

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

Use and Disclosure 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 or intern at our facility. In addition, your child's medical records will be provided to your health plan and consulting physicians. Your child may receive therapy services in the same room with another child. Within the Theraplay Pediatrics facility, your child's goals and data pertinent to your child's treatment may be discussed with others.

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. This includes email, voicemail messages, text messages, postcards or letters.

Check-In: Your child's name may be called when checking in at our desk.
Schools and Agencies: We may provide 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: We may share information with other 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.

Confidentiality: No information regarding other patients may be shared outside the walls of Theraplay Pediatrics without parental permission.

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Patient's Rights

You have the right to view your child's health record and request a copy of it. There is $35 fee for copying and postage. You may be asked to show proof of guardianship or parent.

Parent/Guardian Signature _____ Date:_____

By typing your name above you agree that your typed signature can be used as your actual signature.