



## Privacy Policy

### Protecting Your Privacy is Important to us

The staff at Capital Kids Therapies respects your privacy and confidentiality. According to the federal law named “Health Insurance Portability and Accountability Act” (HIPAA), you have rights concerning your health information. Only individuals with a legitimate “need to know” may access patient information. Protected health information may be released to other health care providers without your authorization if it is used for treatment, payment, health care operations, or as permitted by state and federal laws. Release of protected health information other than for treatment, payment, and health care use requires your authorization.

When utilizing the “Contact Us” form on Capital Kids’ website [www.capitalkidsonh.com](http://www.capitalkidsonh.com) we would like to make you aware of your privacy protection.

Capital Kids Therapies is a company that provides Pediatric Occupational, Speech and Physical Therapy. By filling out the contact form the user is requesting contact with Capital Kids Therapies, LLC for the purpose of learning about the services we offer and scheduling services. During this process, Capital Kids Therapies collects demographic information such as name, address, email address and phone number. This information is provided voluntarily by the person requesting services. This information is not shared with other businesses

When your child engages in therapy, we will collect additional information such as date of birth, age, insurance information and medical records. This information is protected by HIPAA and stored in a secure electronic medical record.

### Use of Personal Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization. **Required By Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your child’s health or safety or the health or safety of others.

**Appointment Reminders:** We may use or disclose your health information or personal contact information to provide you with appointment reminders such as voicemail messages, text message or written correspondence. You may opt out of text messages at any time by responding with STOP.

**Email:** We may use your email to respond to inquiries for service from our **Contact Us** page on our website. We may also email you information about your child’s services or invoices for services. We may also send updates regarding Capital Kids’ therapy services using MailChimp for mass emails. You may unsubscribe at any time.

**Credit Card:** We may collect credit card information for the purpose of timely payment of copayments and medical deductibles. You will give your permission in writing and the information stored in our system is the last 4 numbers of your card and expiration date. You will sign a form authorizing use of this card for this specific purpose. You may take back this authorization by completing a request form to remove your information.

### Sharing Information with Third Parties

Capital Kids Therapies, LLC does not share any information with third parties other than those described above for treatment, payment, abuse and neglect and as required by law.

### How long we keep personal information

Capital Kids Therapies, LLC follows state law in regards to retention of medical records.

### Data from Minors

We do not knowingly collect data from minors on our website. The information gathered from our website is demographic in nature and designed to allow parents to request information about our services. If anyone is aware of a minor providing information, please contact us at [info@capitalkidsonh.com](mailto:info@capitalkidsonh.com)

### PATIENT RIGHTS

**Access:** You have the right to look at or obtain copies of your health information, with limited exceptions. All reports are available to you for downloading and printing from the Patient Portal. If you request a printed copy, we will charge you \$.15 per page and \$15.00 per hour of staff time to locate and copy your health information and postage if you want the copies mailed to you.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 12, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our uses or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in emergency.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **You must make this request in writing.** Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny such a request under certain circumstances.

**Electronic Notice:** If you receive this information by electronic mail, you are entitled to receive this Notice in written form.

**QUESTIONS AND COMPLAINTS** If you want more information about our privacy practices or have questions or concerns, please contact us.

**Contact Office:** Lynne F. Fleming Telephone: 603-228-9160 Address: 124 Hall Street Unit H Concord, NH 03301