



Way to Grow, LLC
Pediatric Occupational Therapy
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NOTICE OF PRIVACY PRACTICES

Effective Date

January 2016

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your child's protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and of specific information outside of this system except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of the 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 acknowledgement.

Who Will Follow this Notice

This notice applies to all therapy services provided by Way to Grow, LLC. It also applies to all therapists, billing and office personnel who are contracted or employed for Way to Grow, LLC.

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 provide 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 this notice currently in effect.
- Communicate any changes in the notice to you.

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. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

Our System

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

1. Treatment: We 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 child's physician, pediatrician or any other health care providers who may become involved in your child's care.
2. Within our office for administrative activities, quality assessments, oversight and peer review.
3. With our billing personnel and as necessary to obtain payment for your child's health care services.

4. With your insurance company or other payers as required for payment of services.
5. With the referring agency and/or 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 a specified period of time for information sharing.

Required by Law

We 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 we believe a patient has been a victim of abuse, neglect or domestic violence.

Health Oversight

We 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 benefits programs, other government regulatory programs, and civil rights laws.

Legal Proceedings

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

Parental Access

We may disclose your child's protected health 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 the use or disclosure of all or part of your child's protected health information.

Since service is provided in a clinic, those present during the session, including friends, family, students, teachers or day care providers may hear health information regarding your child. Please notify your therapist **if you DO NOT want your child's protected health information to be discussed.**

Your Rights Regarding Your Child's Health Information

You may exercise the following rights by submitting a written request to Way to Grow, LLC.

1. You may also inspect and obtain a copy of your child's protected health information that is kept as a part of medical and billing records.
2. you may ask 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 if we mutually agree that the restriction will not harm your child.
3. You may request that Way to Grow, LLC communicates with you using alternative means or an alternative location. We will not ask you the reason for your request. We will try to accommodate reasonable requests, when possible.
4. If you believe that the information we have about your child is incorrect or incomplete, you may request an amendment to your child's protected health information as long as Way to Grow, LLC is responsible for, and maintains this information. While we will accept requests for amendment, we are not legally required to agree to the amendment.

5. You may request the we provide you with an accounting of the disclosures made of your child's protected health information. The right applies to disclosures made for purposes other than the treatment, payment, or health care operations described in this Notice of Privacy Practices. This disclosure must have been made after April 21, 2010, and no more than 6 years from the date of request. The 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 (HIPAA). 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 protected information.

Complaints

If you believe these privacy laws have been violated, you may file a written complaint with the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

This notice is effective in it's entirety as of today's date as signed below.

Signature: _____ Date: _____