



NOTICE OF PRIVACY PRACTICES

IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) WE ARE INFORMING YOU OF YOUR PRIVACY RIGHTS CONCERNING YOUR HEALTH INFORMATION.

PLEASE REVIEW CAREFULLY
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information. We are also required to provide you with access to this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the practices that are described in this notice while it is in effect. This notice takes effect 10-17-2011, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the Notice available to you and provide you with a hard copy upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

HIPAA allows us use and disclose your personal health information (PHI) for treatment, payment, and healthcare operations. Your authorization is not required for Use and Disclosure of PHI for the purposes of Treatment, Payment and Healthcare Operations.

Treatment: We may use or disclose your PHI to communicate with your physician or other health care provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services. We may, upon request, assist your insurance company with the processing of your claims.

Healthcare Operations: We may use and disclose your health information in connection with our health care operations. Healthcare operations include quality assurance and improvement activities, review the competence or qualifications of healthcare professionals, evaluating practitioners and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your PHI in connection for treatment, payment or health operations, you may give us written authorization to use your 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 of disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

Persons Involved in Care: We may use or disclose your health information to notify, or assist in the notification of (including or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up therapy supplies or other similar forms of health information.



Required by Law: We may use or disclose your PHI when we are required to by law.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonable believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety of others.

Appointment Reminders: We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your PHI. We will honor your written request within 30 days. You may obtain a form to request access by using the contact information listed at the end of this Notice. There will be a reasonable cost-based fee for expenses such as copies, staff time, and postage if mailed.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, healthcare operations and certain other activities for the last six years. We will respond to your written request within 60 days. 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 use or disclosure of your PHI; however we are not required to agree to your request.

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 your 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: If you feel your PHI is inaccurate or incomplete you have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We will respond to your request within 60 days. If we honor your request we will amend your PHI and notify you and applicable parties. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or you have questions or concerns, please contact our privacy officer.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations you may issue a complaint using the contact information listed at the end of this Notice.

We support your right to the privacy of your health information.

Privacy Officer: Esther Weisz
Kick Start Pediatric Therapy Network, P.C.
Phone: 847-386-6560
Email: Esther@kickstartptn.com