



NOTICE OF PRIVACY POLICIES AND CONFIDENTIALITY PRACTICES

Please review this notice carefully.

OUR LEGAL RESPONSIBILITY

This notice is to inform you of compliance to the Health Insurance Portability and Accountability Act (HIPAA). We are required by federal and state law to maintain the privacy of your child's health information. We are also required to give you this NOTICE about our privacy policies and practices, our legal duties, and your rights concerning your child's health information. We will follow the privacy practices described in this NOTICE while it is in effect. This NOTICE will remain in effect until we replace it. We reserve the right to change our organization's privacy policies and practices and the terms of this NOTICE at any time, as permitted by federal and state law, and to make the new provisions effective for all protected health information that we maintain. If significant changes are made, the new NOTICE will be available upon request and will be posted at our site. You may request a paper copy of our NOTICE at any time, even if you agreed to receive a copy electronically.

Confidential records and client information are stored in secure areas. Staff with access to protected health information are trained and monitored for compliance in confidentiality and security policies. HIPAA privacy requirements apply to protected health information in written, electronic or oral form. In order to maintain the privacy of all client information, only employees or independent contractors are permitted in our office space. Family members are permitted in shared treatment rooms only when accompanying their child.

CLIENT RIGHTS

- **Access:** You have the right to access your child's health information (i.e. "Designated Record Set). This includes all information pertinent to your child's treatment/intervention decisions, and billing records. You can request to view it and/or have us make photocopies (for a cost) of the information you desire. If the records are in electronic form you can also request those records be sent electronically. All requests for access to your child's health information must be in writing and an appointment time will be set. In certain specific circumstances we may deny your request, but we will tell you in writing of our decision and any reason(s) for the denial. Please contact our privacy officer for the required form. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Amendment:** You have the right to request that we amend your child's health information. All requests to amend your child's health information must be in writing including an explanation of why you want the record amended. Please contact our privacy officer for assistance. We may deny your request if the information:
 - a. was not created by us (e.g. report from another professional),
 - b. is not part of the protected health information we keep, or
 - c. is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint that can become a part of your child's record.

- **Restriction:** You have the right to request additional restrictions regarding our use or disclosure of your child's health information. All requests for additional restrictions to your health information must be in writing. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. You can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law

requires us to share that information. Please contact our privacy officer for assistance. We may deny your request under certain circumstances. The law allows us to disclose information without your authorization in response to:

- a. a court order, subpoena, warrant or similar process,
 - b. health oversight agencies,
 - c. report about victims of abuse, neglect or domestic violence, or
 - d. public health activities.
- **Alternative Communication:** You have the right to request that we communicate or send health information to you at an alternate address or by alternate means (e.g. only by phone or in person). All requests for alternative communication regarding your child's health information must be in writing and specify the location or method you want your child's health information communicated through by our personnel. Please contact our privacy officer for assistance.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your child for treatment, payment and healthcare operations.

For example:

- **Treatment:** With your permission, we may use or disclose your child's health information to other healthcare providers involved in your child's care (i.e. pediatrician, speech therapist, psychologist).
- **Payment:** We may use or disclose your child's health information to assist you to obtain payment for the services we provide you. This may include but is not limited to: evaluation reports, treatment notes or other documentation required by your payment source.
- **Healthcare Operations:** We may use or disclose your child's health information as it relates to our healthcare operations. This may include agency operations such as performance or quality improvement activities, training programs (including staff and students), accreditation, certification, licensing or credentialing activities, reviewing the competence or qualifications of our healthcare professionals, and evaluating staff performance.
- **Business Associates:** We may use or disclose your child's health information to other businesses that assist or support our business such as computer technology assistance, accounting, and/or healthcare staff. To protect your child's healthcare information, we require our business associates (or those who may come in contact with a child's health information, such as facility maintenance) to appropriately safeguard your information.
- **Required by Law:** We may use or disclose your child's health information when we are required to do so by law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we're complying with federal privacy law.
- **Abuse/Neglect/Public Health:** We may use or disclose your child's health information to appropriate authorities if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence or other crimes. We may use or disclose your child's health information to prevent a serious threat to your child's safety or health or the safety and health of others (i.e. reporting a communicable disease).
- **Appointment reminders:** We may use or disclose your child's health information to provide you with an appointment reminder by telephone message, voicemail, letter or email with your written permission.

Disclosure: You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom we shared it and why. We will include all the disclosures except for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Your authorization: In addition to our use and disclosure of your child's health information about your child for treatment, payment and healthcare operations, we may use your information for other purposes with your written authorization. You may revoke this authorization at any time with a written request. Revoking your authorization will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your child's health information for any reason except those described in this NOTICE without your written authorization.

Marketing: We will not use your child's health information for marketing purposes or communications without your written authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that your privacy rights may have been violated or you disagree with a decision we made regarding access to your child's health information or in response to a request you made in writing, please contact our privacy officer to make a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to the privacy of your child's health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Jeff Marks, Director
PlaySteps for Developing Kids
849 Menlo Ave, Menlo Park, CA 94025
650-323-0805



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES AND PRACTICES

Client _____ Date _____

I, _____, have received a copy of this agency's Notice of Privacy Policies and Practices and authorize use and disclosure of my child's health information for treatment, payment and healthcare operations.

Print Name _____

Signature of parent or legal guardian _____ Date _____

Signature of other parent, if required _____ Date _____

Relationship to Client _____ Date _____

Permission for Electronic Communication (Please initial after one of the choices below.)

Information sent by unencrypted email poses some risk that the content could be read by a third party. I have been apprised of this risk and agree to receive communications from PlaySteps for Developing Kids via email.
Initials _____ OR

The use of unencrypted e-mail is unacceptable and I request all confidential communications by mail, telephone or in-person.
Initials _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies and Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other (Please explain)

