



## NOTICE OF PATIENT PRIVACY PRACTICES

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

According to HIPAA, physical and occupational therapists in private practices must incorporate the federal privacy standards to protect patient's medical records and other information provided to health plans, doctors, hospitals and other health care providers. Please note that your personal health information may be used by Thera-Peds, LLC for treatment, obtaining payment, during and audit, in emergencies, or when required by law. You will be asked for written authorization to use their personal medical information for any other reason than those listed above. You have the right to review their personal health information at any time, to request that inaccurate information be corrected, or to request a list of instances when the information has been disclosed for reasons other than treatment, payment or other administrative purposes. You have the right to restrict how the information is used and disclosed for treatment, payment and administrative operations. The requests for restrictions will be considered on a case-by-case basis. You have the right to address concerns and complaints about potential violation of their health privacy to the US Department of Health and Human Services.

For further questions, you may contact our Compliance Officer, Cathy Kelley, at Thera-Peds.

I acknowledge that I have read the above Notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient Name