

## **Fidalgo Island Pediatric Occupational Therapy Services**

### **Notice of Privacy Practices**

This notice describes how personal health information about your child may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Fidalgo Island Pediatric Occupational Therapy Services is required by law to provide you with this notice of legal duties and the privacy practices that are maintained in this practice concerning your (your child's) personal health information.

#### **Our Responsibilities:**

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

#### **Our Uses and Disclosures:**

In providing therapy services to your child, records will be kept regarding the treatment and services that are provided. Your child's personal health information (PHI) may be used or disclosed in the following ways:

##### **For Treatment**

We may use personal information about your child to provide them with health care treatment or services. We may disclose personal information about your child to those who are involved in taking care of your child, such as doctors, health care providers or other personnel who are caring for your child.

##### **For Payment**

We may use and disclose personal information about your child so that the treatment and services they receive from us may be billed and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your child's office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

## **For Healthcare Operations**

We may use and disclose personal information about your child for operations of our health care practice.

## **As Required By Law**

We will disclose personal information about your child when required to do so by federal, state, or local law.

## **To Avert Serious Threat to Health or Safety**

We may use and disclose personal information about your child when necessary to prevent a serious threat to your child's health and safety or health and safety of the public or another person. A disclosure would only be to someone able to help prevent the threat.

## **Public Health Risks**

We may use and disclose personal information about your child for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability
- to report child abuse or neglect
- to report reactions to medications or problems with products
- to notify people of recalls of products they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

## **Health Oversight Activities**

We may disclose personal information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

## **Lawsuits and Disputes**

If you are involved in a lawsuit or dispute, we may disclose personal information about your child in response to a court or administrative order. We may also disclose personal information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## **Law Enforcement**

We may need to release personal information if asked to do so by a law enforcement official

- in response to a court order, subpoena, warrant, summons or similar process

- to identify or locate a suspect, fugitive, material witness, or missing person
- about a death we believe may be the result of criminal conduct
- about criminal conduct at our facility

### **Your Rights:**

Your rights regarding personal information we maintain about your child are as follows:

#### **Right to Inspect and Copy**

You have the right to inspect and copy personal information that may be used to make decisions about your child's care.

To inspect and copy personal information that may be used to make decisions about your child, you must submit your request in writing to: Fidalgo Island Pediatric Occupational Therapy Services PLLC. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy personal information in limited circumstances. If you are denied access to personal health information, you may request that the denial be reviewed.

#### **Right to Amend**

If you feel that personal information we have about your child is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing, submitted to Fidalgo Island Pediatric Occupational Therapy Services. In addition, you must provide a reason that supports your request for amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information

- that was not created by us
- is not part of the health information kept by or for our practice
- is not part of the information which you would be permitted to inspect and copy
- is accurate and complete

Any amendment we make to your child's health information will be disclosed to those with whom we disclose information as previously specified.

#### **Right to accounting of Disclosures**

You have the right to request a list accounting for any disclosures of your personal information we have made, except for uses and disclosures for treatment, payment and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to: Fidalgo Island Pediatric Occupational Therapy Services. Your request must state a time period which may not be longer than six years.

## **Right to Request Restrictions**

You have the right to request a restriction or limitation on the personal information we use or disclose about your child for treatment, payment, or health care operations. You also have the right to request a limit on the personal information we disclose about your child to someone who is involved in your child's care or payment for your child's care, such as a family member or friend.

We are not required to agree to your restrictions if it makes us unable to ensure our compliance or believe it will negatively impact the care we may provide for your child. If we do agree, we will comply with your request. If you would like to request a restriction, you must make your request in writing. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

## **Right to request confidential communication**

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to Fidalgo Island Pediatric Occupational Therapy Services, specifying how or where you wish to be contacted. We will accommodate all reasonable requests, and we will not ask you for the reason for your request.

## **Your Choices :**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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.

## **Other Uses of Personal Information**

Other uses of personal information are made only with your written permission. If you provide us permission to use or disclose personal information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal

information about your child for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to your child.

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you or your child that we maintain. If we make changes to our privacy practices, we will provide you with a copy of the revised Notice.

**Filing a Complaint**

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of Department of Health and Human Services (DHHS). You must file a complaint about our privacy practices with us or with DHHS. If you have a complaint, you may act 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Contact Information**

You may exercise any of your rights described in the Notice, or ask any questions about this Notice, by contacting:

Fidalgo Island Pediatric Occupational Therapy Services  
910 Commercial Avenue  
Anacortes, WA 98221  
fidalgoislandot@therapyssecure.com  
(206) 794-6030

I have received a copy of this notice of privacy practices:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child