

## **Notice of Privacy Practices**

This notice is provided to inform you of your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is Therapy Junction's ethical and legal obligation to protect the privacy of your health information. This notice applies to all protected health information maintained at Therapy Junction.

## **Use and Disclosure of Protected Health Information:**

Therapy Junction will use and disclose protected health information (PHI) for the following purposes:

**Treatment**: We may use private health information about your child to provide treatment or services. For example Therapy Junction staff my disclose PHI about your child to each other to discuss coordination of speech therapy with occupational therapy. We may also disclose PHI to staff in the event of a peer review to discuss medical necessity, provide input on treatment strategies, or make recommendations for treatment planning.

**Payment**: We may use and disclose information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. We may also disclose information to our billing company so that they may provide the necessary information to insurance companies for reimbursement of services rendered to your child. For example, we may provide your insurance company with evaluations and progress notes from therapy in order to receive reimbursement for the services provided. We may also tell your health insurance carrier about treatment procedures or services your child receives to determine eligibility for covered services under your health plan.

## Operations:

- Appointment reminders and follow-up calls
- Provide newsletters, promotional materials, upcoming seminar information, and activities Therapy Junction is participating in.
- For law enforcement purposes as required by law or in response to a valid subpoena
- To business associates with whom we have contracted to perform medical billing

**Required Disclosures permitted without authorization:** State and federal laws allow for situations in which your health information may be disclosed without your consent. A few of these situations include:

- Reporting suspected abuse or neglect of a child
- For specific law enforcement purposes including responding to a warrant or subpoena;
- Purposes of conducting research, provided that privacy protections are followed

Please Visit <a href="https://www.health.state.mn.us/facilities/notices/index.html">https://www.health.state.mn.us/facilities/notices/index.html</a> for more detailed information about situations warranting disclosure of PHI without consent.

## **Individual Rights Concerning Personal Health Information:**

While your health record is the physical property of Therapy Junction, state and federal laws ensure you have the right to access and control your private health information.

Details about these rights are provided below:

**Inspect and Copy**: You have the right to inspect and obtain a copy of any of your health information unless the information is harmful to your physical or mental health or is likely to cause you to harm yourself or others.

**Correct (amend) Your Health Information**: If you feel that private health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Therapy Junction.

**Request Confidential Communications**: You have may request that Therapy Junction staff communicate with you about private information in a certain way or at a certain location. We will comply with requests if it is reasonable for us to do so.

**An Accounting of Disclosures**: You have the right to request an accounting of disclosures. This is a list of all the disclosures we make of health information about your child that are not specifically authorized by law or by the guardian of the client.

**Request Restrictions**: You have the right to request restrictions or limitations on the health information we use or disclose about you for treatment, payment or heath care operations. We will attempt to accommodate you within the laws and regulations required by the State of MN and Federal law.

A Paper Copy of this Notice: You have the right to a paper copy of this notice. You may request one at any time. You can also access this notice on our website www.therapyjunction.net

**Changes to this Notice:** We reserve the right to change this notice and the revised or changed notice will be effective for information we have about you as well as any information we receive in the future.