

PMB 323  
9009 Albemarle Rd. Suite 101  
Charlotte, NC 28227

# Capable Kids Home Therapy Co.

*Helping Children Reach Their Unique Potential*

Fax: 704-567-9221  
Phone: 704-965-0783

## **Notice of Privacy Practices** *Effective August 1, 2005*

*This notice describes how medical information about you may be used and disclosed by Capable Kids Home Therapy Co. and how you can get access to this information. Please review it carefully. If you have questions about this Notice please contact our Privacy Officer, Randi M. Smith.*

This Notice of Privacy Practices describes how we may use and disclose your child's protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your child's protected health information. "Protected health information" is information about your child, including demographic information, that may identify your child and that relates to your child's past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You may obtain any revised Notice of Privacy Practices by accessing our website, [www.capablekidstherapy.com](http://www.capablekidstherapy.com), by calling the office and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.

### **1. Uses and Disclosures of Protected Health Information**

#### **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your therapist to sign a consent form. Once you have consented to the use and disclosure of your child's protected health information for treatment, payment, and health care operations by signing the consent form, your therapist will use or disclose your child's protected health information as described in this section. Your child's protected health information may be used and disclosed by your therapist, our office staff, and others outside of our office that are involved in your child's care and treatment for the purpose of providing health care services to you. Your child's protected health information may also be used and disclosed to pay your health care bills and to support the operation of our therapy practice.

Following are examples of the types of uses and disclosures of your child's protected health information that our office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. This includes the coordination or management of your child's health care with a third party that has already obtained your permission to have access to your child's protected health information. For example, we would disclose your child's protected health information, as necessary, to other therapy agencies that provide care to your child so that our therapy efforts are coordinated. We will also disclose protected health information to your child's doctor to obtain doctor's orders for therapy and to ensure that the doctor has the necessary information to diagnose or treat your child.

**Payment:** Your child's protected health information will be used, as needed, to obtain payment for your child's health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits, reviewing services provided to your child for medical necessity, and undertaking utilization review activities.

**Healthcare Operations:** We may use or disclose, as needed, your child's protected health information in order to support the business activities of our therapy practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may disclose your child's protected health information to student therapists who see clients through our agency or we may use or disclose protected health information, as necessary, to contact you to remind you of your appointment.

We may share your child's protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your child's protected health information, we will have a written contract that contains terms that will protect the privacy of your child's protected health information.

#### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your child's protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object**

We may use and disclose your child's protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your child's protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your therapist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your child's health care will be disclosed.

**Others involved in your child's healthcare:** Unless you object, we may disclose to a member or your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your child's health care.

**Emergencies:** We may use or disclose your child's protected health information in an emergency treatment situation. If this happens, your therapist shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**Communication Barriers:** We may use or disclose your child's protected health information if your therapist attempts to obtain consent from you, but is unable to do so due to substantial communication barriers and the therapist determines, using professional judgment, that you intend

to consent to use or disclosure under the circumstances.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object**

We may use or disclose your child's protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your child's protected health information to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your child's protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

**Health Oversight:** We may disclose your child's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, governmental benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your child's protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. The disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose your child's protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose your child's protected health information, so long as applicable legal requirements are met, for law enforcement purposes. The law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, and (5) in the event that a crime occurs in the presence of one of our therapists.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your child's protected health information, if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may disclose your child's protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **2. Your Rights**

Following is a statement of your rights to your child's protected health information and a brief description of how you may exercise your rights.

**You have the right to inspect and copy your child's protected health information:** You may inspect and obtain a copy of protected health information about your child that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about your child.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, you may have a right to have a decision to deny access reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your child's protected health information:** You may ask us not to use or disclose any part of your child's protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your child's protected health information not be disclosed to other family members or friends who may be involved in the care of your child or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe, using our professional judgment, that it is in your child's best interest to permit use and disclosure of your child's protected health information, your child's protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your child's protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your therapist. You may request a restriction by contacting our office and completing a Request for Restriction on Use and Disclosures of Health Information form.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You have the right to request an amendment to your child's protected health information:** You may request an amendment of your child's protected health information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your child's protected health information:** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your child's care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

**You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.**

## **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your child's privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer, Randi M. Smith (704-965-0783) of your complaint. We will not retaliate against you for filing a complaint.