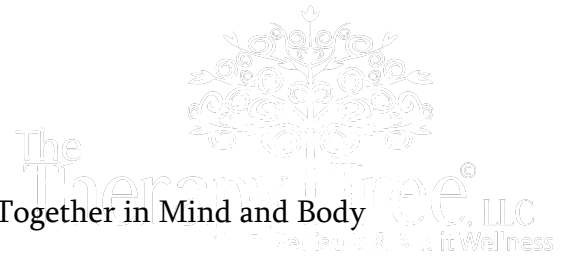




Growing Together in Mind and Body



### ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

The Therapy Tree, LLC. can leave messages regarding appointments:

- ☐ on answering machine
- ☐ with family members
- ☐ at work
- ☐ only through direct communication with parents

The Therapy Tree, LLC. can provide feedback to the caregiver that drops off/picks up my child:

- ☐ yes
- ☐ no, only to parents

The Therapy Tree, LLC. can give daily therapy notes to the caregiver that picks up my child:

- ☐ yes
- ☐ no, only to parents

Printed Name of Client/Parent \_\_\_\_\_

Client/Parent Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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#### For Office Use Only

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

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining the acknowledgement
- ☐ Other, (please specify)



The Therapy Tree, LLC | 89 Cedar Ave. P.O. Box 764 Lake Villa, IL 60046

ph (847) 265-7300 fax (847) 265-7301

"Growing Together in Mind and Body"

www.thetherapytree.org



Growing Together in Mind and Body

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dear Patient: The Federal laws, HIPAA-Health Insurance Portability and Accountability Act, have been written to protect the confidentiality of your health information. Your personal health history is NEVER unnecessarily made available to others outside of our office. Protecting your Confidential Health Information is always important to us.

### So, what has changed? Why a privacy policy now?

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. We have reviewed how your health information is used with the Internet, phone, faxes, copy machines and files. We have put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures that we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal laws regarding the confidentiality of your health information and in keeping with these laws, we want you to understand procedures and your rights as our valuable client.

We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment, and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

### How Your Health Information May Be Used.

#### To Provide Treatment

We will use your health information within our office to provide you with the best care possible. This may include administrative and clinical office procedures. We may share your health information with referring physicians/pediatricians/therapists or other health care personnel providing your treatment.

#### To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

#### To Conduct Health Care Operations

It is possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing, or credentialing activities.



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### Patient Communication

We may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications may include postcards, letters, telephone calls, voice mail, bulletins or email.

### Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

### Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or the prevention of an epidemic or the understanding of a new medical device.

### For Law Enforcement

As permitted or required by State or Federal Law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, included (under certain limited circumstances) if you are a victim of a crime or in order to report a crime.

### Family, Friends, and Caregivers

We may share your health information with those you tell us will be assisting you with your treatment or payment. We will be sure to ask your permission first. In the case of emergency, we will use our best judgment when sharing your health information.

### Medical Research

Advancing medical knowledge often involved learning from the careful study of the medical histories of prior patients. Formal review and study of health histories as a part of research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

### Authorization to Use or Disclose Health Information

Other than what is stated about or where Federal, State, or Local law requires us, we will not disclose your health information without your written authorization. You may revoke that authorization in writing at any time.

## Patients' Rights

This law is careful to describe that you have the following rights related to your health information.

### Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. We will make every effort to honor reasonable restriction preferences from our clients.

### Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with your other family members present or through mailed communications that are sealed. We will make every effort to honor reasonable requests for confidential communications.

### Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information, including your complete file, and billing records. If you would like a copy of your health information, please let us know. You will be charged, according to the State regulations for duplication costs.



### Amend your Health Information

You have the right to ask us to update or modify your records if you believe your health insurance records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize the process, requests must be made in writing along with a description of the reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be complete and accurate.

### Documentation of Health Information

You have the right to ask for a description of how and where your health information was used by us for any reason other than for treatment, payment or health care operations. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We will charge you a reasonable fee for your request.

### Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from us at any time. We are required by law to maintain the privacy of your health information and to provide you and your representative this Notice of Privacy Practice. We are required to practice the policies and procedure described in this notice but do reserve the right to change the terms of this Notice. If we change our privacy practices, all patients will receive a copy of the revised Notice.

You have the right to express complaints to us, or the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing so that we may undertake the proper procedures to remedy the situation as quickly as possible.

Thank you very much for taking the time to review how we are carefully using your health information. If you have any questions, please ask.



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