



When your child needs help, there is hope.

Occupational Therapy
Elite Therapy Services
254-836-1031

★ Speech Therapy ★
Academy for Speech & Language
254-399-TALK (8255)

Physical Therapy
Kids Therapy Specialties
254-644-2423

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HOPE THERAPY MAY USE AND DISCLOSE YOUR HEALTH CARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Hope Therapy respects the privacy of your personal health information and is committed to maintaining the confidentiality of your information. This Notice applies to all information and records related to your care that our facility has received or created. It extends to information received or created by our employees, staff, volunteers and physicians. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

Hope Therapy is required by law to:

- maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by the therapy team or received by Hope Therapy from other healthcare providers.
- provide you notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice.
- abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Hope Therapy reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Hope Therapy may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Hope Therapy may determine that you require the services of a specialist. In referring you to another doctor, Hope Therapy may share or transfer your healthcare information to that doctor.

Payment may include:

- Activities undertaken by therapy team to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;

- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and re-authorization of services to be provided to you. For example, Hope Therapy will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare Operations may include

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services and auditing functions.

For example, Hope Therapy may use your diagnosis, treatment, and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES

Hope Therapy may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may disclose your protected health information to family members or friends who may be involved with your treatment or care. Health information may be released to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient’s healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when the therapy team is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities.
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency.
- For health oversight activities.
We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation and facility or individual licensure of certification.
- Judicial and Administrative Proceedings.
Patient healthcare records, including treatment records and HIV results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.
- For activities related to death.
We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death.
- For research.
Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- To avoid a serious threat to health or safety.

We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.

- For workers' compensation

We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Hope Therapy will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Hope Therapy has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Hope Therapy to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Hope Therapy may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that the therapy team send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that the therapy team not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Hope Therapy amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Hope Therapy for the six years prior to the date of the request. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

Any person or patient may file a complaint with Hope Therapy and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Hope Therapy please contact the Privacy Officer at the following:

Kari King
10612 Whitney Trace
Waco, Texas 76708

It is the policy of Hope Therapy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective October 10, 2006