

# MOVIN' & GROOVIN' CHILDREN'S THERAPY SERVICES, INC.

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## NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how medical information about our child may be disclosed and how you can get access to this information. Please review it carefully.

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professional
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- understanding of what is in your record and how your health information is used to help you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

### YOUR HEALTH INFORMATION RIGHTS

Although our child's health record is the physical property of the health care practitioner of facility that compiled it, the information belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
2. Obtain a paper copy of the notice of information practices upon request
3. Inspect and copy your child's health record as provided for in 45 CFR 164.524
4. Amend your child's health record as provided in 45 CFR 164.528
5. Obtain an accounting of disclosures of your child's health information as provided in 45 CFR 164.528
6. Request communications of our child's health information by alternative means or at alternative locations
7. Revoke your authorization to use or disclose health information except to the extent that action has already been taken

OUR RESPONSIBILITIES: This organization is required to:

1. Maintain the privacy of your child's health information
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child.
3. Abide by the terms of this notice
4. Notify you if we are unable to agree to a requested restriction
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

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*We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.*

## FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the director of health information management at 404-918-1828. If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:

**We will use your child's health information for treatment.** For example: Information obtained by a nurse, physical therapist, physician, or other member of your child's healthcare team will be recorded in your record and used to determine the course of treatment that should work best for your child. Your physical therapist will document in your child's record his or her evaluation results, and goals for specific treatments. Your physical therapist will record actions they took and their observations. In that way, the physical therapist will know how the patient is responding to the treatment. We will also provide our physician or a subsequent health care provider with copies of various reports that should assist him or her in treating the patient during the course of treatment and or after the patient has been discharged from care.

**We will use your child's health information for payment.** For example, a bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies your child, as well as your child's diagnoses, procedures, and supplies, used.

**We will use your child's health information for regular health operations.** For example, Members of the medical staff the risk or quality improvement team may use information on our child's health record to assess the care and outcomes in your child's case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

**Business Associates:** There are some services provided in our organization through contacts with business associates. An example of a business associate includes language interpreter services. When these services are contracted, we may disclose your child's health information to our business associates so that he or she can perform the job we have asked to do and bill you or your third party payer for services rendered. To protect our health information; however, we require the business associate to appropriately safeguard your child's information.

**Communication with family:** Health professionals, using their best judgement, may disclose to a family member or other relative, close personal friend, teacher, or any other person you identify, health information relevant to that person's involvement in your child's care or payment related to your child's care.

**Research:** If this practice enters a research study, we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of our health information.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fund raising:** We may contact you as a part of a fund raising effort.

**Food and drug Administration:** We may disclose to the FDA Health information relative to food supplements, product and product defects, or past marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers compensation:** We may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal Law makes provision for our child's health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public. Effective date 4/14/2003