



## **Notice of Privacy Practices and Confidentiality Agreement**

*This notice describes how health information about your child may be used and disclosed and how you can get access this information.*

With your consent, Coleman Pediatric Therapy LLC is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and healthcare operations, through the Health Information Portability and Accountability Act (HIPAA). Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Any changes will be added to this form will be available to you. **You may request a copy of this form at any time.**

### **Use and Disclosure Information:**

**Treatment:** We may use or disclose your child's health information in order to plan a course of treatment that includes evaluation, goals and treatment approach(es). At times, your child's medical information may be reviewed by student interns at our facility. In addition, your child's medical records will be provided to your health plan and consulting physicians. Your child may receive therapy services in the same room with another child. Within the CPT facility, your child's goals and data pertinent to your child's treatment may be discussed with other CPT professionals.

**Payment:** We submit a request for payment to your health insurance payer. The health insurance payer may request information from us to determine whether services are considered medically necessary. We will provide the appropriate information to them about your child and the care that is provided here at CPT. This information may included your child's name, date of birth, diagnosis, and treatment procedures. A bill may be sent to you or your health insurance payer.

**Appointments:** We may disclose your child's health information to provide you with appointment reminders, which may include email, voicemail messages, text messages, postcards, or letters.

**Check-in Process:** Your child's name may be called when checking in at his or her appointment.

**Schools and Other Agencies:** We may provide information requested for IEPs, IFSPs, and evaluations with other professionals. We may disclose your child's information to physicians and other health professionals in regards to your child's care with CPT.

**Other Permitted Uses and Disclosures:** We may share information with other public health authorities charged with preventing or controlling disease, injury, or disability. We will notify appropriate personnel if we suspect child abuse or neglect. We may need to provide medical information regarding your child to legal/judicial/administrative and law enforcement personnel. We may need to send you information regards your child's care or billing issues through email or mail. We may also send your information about groups and programs. This information may come in a marked envelope with our address on it, or by email. ***We will not use or disclose your child's health information without your written authorization.***

**Confidentiality:** No information regarding other CPT patients may be shared outside of this facility without parental permission.



### **Your Health Information Rights:**

The health records and billing records we maintain are the physical property of the practice. However, the information in those records belong to you. You have the right to:

- View your child's health record and request a copy of it. There may be a copying and postage fee. You may be asked to show proof of guardianship, by driver's license or court order.
- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request that is granted.
- Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information by making a request at the office.
- Request that you be allowed to inspect and copy your health record and billing record, by delivering this written request to the CPT office.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your healthcare record be amended to correct incomplete or incorrect information by delivering a written request to the CPT office.
- File a statement of disagreement if your amendment is denied, and require that the request for the amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law, by delivering a written request to the CPT office. An accounting will not include any internal uses of information for treatment, payment, or operations, disclosures made to you or made at you request, or disclosures made to family members or friends in the course of providing care.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering this written request to the CPT office.
- Revoke authorizations that you made previously to use or disclosure information, except to the extent information or action has already been taken by delivering a written revocation to the CPT office.

### **To Request Information or File a Complaint:**

If you have questions or you would like additional information, please contact the office at Coleman Pediatric Therapy. **If you believe your privacy rights have been violated, you may file a complaint with our privacy officer at Coleman Pediatric Therapy or with the Secretary of Health and Human Services:**

US Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

---

**Signature (Client 18+/Parent/Legal Guardian)**

---

**Date**