



NOTICE OF PRIVACY PRACTICES (HIPAA)

EFFECTIVE AUGUST 1, 2021

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

This Notice describes the medical information practices of Physical Therapy for Kids, LLC. Physical Therapy for Kids, LLC is considered a covered entity, and therefore we are required by law to maintain the privacy of personal health information and to provide you with notice of our legal duties and privacy practices with respect to personal health information. All Physical Therapy for Kids, LLC departments or programs are covered by this Notice and your personal health information may be shared among these divisions.

Our Pledge Regarding Medical Information

We understand that medical information about you/your child's health is personal. We will not disclose your/your child's personal health information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. This Notice applies to all of the medical records we maintain. It describes the ways in which we may use and disclose medical information, and describes our obligations with regard to such information.

We are required by law to:

- Keep your/your child's protected health information private;
- Provide notice of our legal duties and privacy practices with respect to protected health information;
- Notify affected individuals following a breach of unsecured protected health information;
- Give you this Notice of Privacy Practices; and
- Follow the terms of the Notice of Privacy Practices currently in effect.

We have the right to change our practices regarding the personal health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of the Notice by calling or texting 907-346-4096 or email pt4kids.ak@gmail.com.

How We May Use/Disclose Your Medical Information

The following are some of the different ways that we may use and disclose your/your child's personal health information:

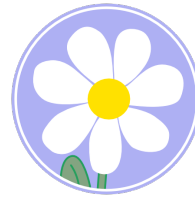
For Treatment. We may use or disclose medical information about you/your child to provide services, coordinate care, make referrals, or manage their health care and any related services. For example, we may disclose medical information to other healthcare providers who are involved in taking care of you such as other private therapists, school therapists and aides, physicians, durable medical equipment vendors, orthotists, care coordinators, and early learning programs.

For Payment. We may use and disclose medical information about you/your child to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies (either directly or through a third party billing company), medical necessity determinations and reviews, authorizations, and collection of outstanding accounts.

Physical Therapy for Kids, LLC

Sharon Skidmore, PT, DPT

www.ptforkids.com



For Health Care Operations. We may use and disclose medical information about you/your child for other Physical Therapy for Kids, LLC health care operations necessary to run Physical Therapy for Kids, LLC. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; licensing; personnel training programs; fraud and abuse detection programs; and general Physical Therapy for Kids, LLC administrative activities.

To Business Associates. There are some services provided to Physical Therapy for Kids, LLC through contracts with business associates. Examples include accounting, administrative tasks, legal, training, and consulting services. Information shall be made available to business associates consistent with their need to know for purposes of providing services.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

As Required by Law. We will disclose medical information about you/your child when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you/your child when necessary to prevent a serious threat to your health and safety or the health and safety of another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Other Uses and Disclosures

We may also use and disclose your health information in the following circumstances, when permitted by law, and with only the minimum necessary information being disclosed:

- Appointment reminders
- Language interpreters
- Information about available treatments or products
- Funeral Directors/Coroners/State Medical Examiners
- Correctional Institutions (if you are in jail or prison)
- Law Enforcement
- Disaster relief
- Military and Veterans (if you are an armed forces member)
- Responses to legally compliant court orders
- National security

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. This includes the use or disclosure of psychotherapy notes, the use or disclosure of PHI for marketing, or the sale of PHI, which will require your express written authorization.

Your Rights Regarding Personal Health Information

You have the following rights regarding medical information we maintain about you/your child:

- **Right to Inspect and Copy.** You may come to our offices and inspect and copy most of the medical information about you/your child that we maintain. We will normally provide you with access to, or copies of, this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. If your records are held in electronic format, you may also obtain an electronic copy if it is reasonably available. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

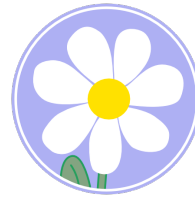
907-346-4096 / 877-319-7365 fax / pt4kids.ak@gmail.com

PO Box 243846 Anchorage, AK 99524

PO Box 1475 Sisters, OR 97759

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- **Right to Amend.** If you feel that medical information we have about you/your child is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must provide a written request and provide a supporting reason. If we agree to amend the information, we will generally amend your information within 60 days of your request and will notify you when we have amended the information.

We may deny your request for an amendment if does not meet the requirements listed above. In addition, we may deny your request if you ask us to amend information that: is not kept by or for Physical Therapy for Kids, LLC; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures, where such disclosure was made for any purpose other than treatment, payment or health care operations. We are not required to give you an accounting of information we have shared with our business associates or for which you have given us a written authorization.

To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years or before April 14, 2003. Your request should indicate in what form you want the list (i.e. paper or electronic). The first list you request within a 12-month period will be free, and you may be charged for the cost of any additional lists. We will notify you of the cost and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you/your child for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you/your child to someone who is involved in your/their care or the payment for your/their care, like a family member or friend. For example, you could ask that we not use or disclose information about a transport or treatment we provided. We are not required to agree to your request unless the disclosure is to a health plan for purposes of carrying out payment or health care operations (not treatment purposes) and the information pertains solely to an item or service paid for fully out of pocket.

To request restrictions, you must make your request in writing. In your request, you must describe: (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom the limits shall apply, for example, your spouse.

- **Right to Request Confidential Communications.** You can request that we communicate confidentially with you about medical matters. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will accommodate reasonable requests. Your request must specify how you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You may request a paper copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

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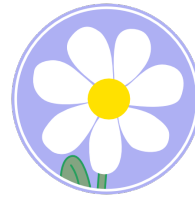
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Right to Revoke Authorization/Permissions

If you provide us permission to use or disclose medical information about you/your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you/your child. Your substance abuse records received by a person or entity pursuant to your written authorization may not be re-disclosed without your written consent.

Questions/Exercising Rights

If you have any questions about this Notice or would like to exercise any of the rights contained herein, please contact: Physical Therapy for Kids, LLC, P.O. Box 243847 Anchorage, AK 99524, or PO Box 1475 Sisters, OR 97759, 907-346-4096.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Physical Therapy for Kids, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Physical Therapy for Kids, LLC send or bring to the above location. All complaints must be submitted in writing. You will not be retaliated against or penalized for filing a complaint. The Secretary of DHHS can be reached at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

<END OF NOTICE>

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