



# HIPPA

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## **NOTICE OF PRIVACY PRACTICES**

The Health Insurance Portability and Accountability Act (HIPPA) requires that we provide you with a notice of privacy practices. This notice describes how we may use and disclose your child's protected health information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law.

## **USES AND DISCLOSURES OF PHI**

Treatment: We will use and disclose your child's protected health information to provide and/or coordinate your services. This may include, but is not limited to, providing your child's PHI to a physician or a physician/s staff, another professional involved in your child's care, or a family member or others directly involved in your child's therapy sessions.

Payment: We may use your child's PHI to obtain payment for services. This may include, but is not limited to, providing information to your insurance provider to obtain approval on your behalf for reimbursement of services.

Healthcare Operations: We may use and disclose, as needed, your child's PHI for this practice's healthcare operations and/or in an attempt to improve the quality of service. This may include, but is not limited to, reviewing or evaluating the performance of staff, training a clinical fellow or student, contacting you to schedule an appointment, calling you by name in the waiting room, or discussing your child's progress in the waiting area.

Other purposes that are permitted or required by law: We may disclose your child's PHI without our authorization when required to do so by federal, state, or local law, in matters of public health issues, to avert a serious threat to health or safety, to report abuse or neglect, in legal proceedings such as lawsuits or disputes, to law enforcement, worker's compensation, research, medical examiners, to conduct health oversight investigations, in matters of national security and intelligence activities, military activity, criminal activity, and required uses and disclosures.

Other than the disclosures stated above, we will not disclose your child's PHI without your written authorization. Disclosures of your child's PHI may be made in writing, orally, electronic mail, or by facsimile. You may revoke this authorization at any time in writing, except to the extent that this practice has taken action in reliance on the use or disclosure indicated in the authorization.

## YOUR RIGHTS REGARDING PHI

The right to copy and inspect: You have the right to copy and inspect your child's health and billing records. To do so, you must submit your request in writing, and you will be billed at a rate of \$.30 per page for copying. In addition, you will be responsible for the costs of mailing and additional costs that may be incurred in processing your request.

The right to request a restriction: You have the right to request a restriction on your child's PHI we use or disclose for treatment, payment, or health care operations. The request for restriction or limitation of information must be submitted in writing. In a child custody matter, a legal document stating that no or limited information be released to the person in which you are restricting, must be presented.

The right to request confidential communication: You have the right to request that we communicate with you about your child's PHI by alternative modalities or at an alternative location (i.e., you may request we talk to you about your child's progress in the therapy room versus the waiting room or by electronic mail versus the telephone). A request for confidential communications must be submitted in writing in person or by mail. All reasonable requests will be met.

The right to amend: You have the right to request us to amend your child's PHI if you feel it is incorrect. You must submit your request in writing. We reserve the right to deny your request.

The right to receive an accounting of disclosures: You have the right to request a list of disclosure, if any, we have made of your child's PHI. You must submit your request in writing, and you must specify a time period for the request (i.e., you may ask us to provide you with an accounting of disclosures over the past six months).

The right to request a paper copy of this notice: You have the right to request an additional paper copy of this notice at any time. You may also download a copy of this notice of privacy practices on our website: [www.smalltalkllc.com](http://www.smalltalkllc.com).

If you feel that your privacy rights have been infringed upon, you may file a complaint with the Secretary of the United States Department of Health and Human Services or with this practice. Please submit your complaint in writing.

WE are required by law to adhere to the terms of this notice. We do reserve the right to amend the terms of this notice and to extend the revised edition to previous, current, and future PHI that we are responsible for. In the event that a change is made to this notice, the revised notice will be posted in the building and will be available for viewing and downloading on our website: [www.smalltalkllc.com](http://www.smalltalkllc.com). You have a right to request a copy of the revised notice.

This notice is effective as of June 18, 2019.