



HIPAA NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Patient Date of Birth: _____

THIS HIPAA NOTICE OF PRIVACY PRACTICES (THIS “*HIPAA NOTICE*”) DESCRIBES HOW THE PROTECTED HEALTH INFORMATION (“*PHI*”) OF THE ABOVE-NAMED CHILD (THE “*PATIENT*”) MAY BE USED AND DISCLOSED AND HOW THE UNDERSIGNED PARENT AND/OR LEGAL GUARDIAN (REFERRED TO AS “*YOU*” OR “*GUARDIAN*”) CAN GET ACCESS TO THE PATIENT’S PHI. PLEASE REVIEW THE BELOW CAREFULLY.

WHY A PRIVACY POLICY?

The Health Insurance Portability and Accountability Act of 1996 (“*HIPAA*”) is a federal law that created national standards to protect sensitive and protected patient health information (“*PHI*”). Protecting the Patient’s PHI is very important to us. Edith Feld LLC dba OT & Me LV (“*we*”, “*us*”, or “*Provider*”) may use and disclose the Patient’s PHI to carry out treatment, payment, healthcare operations, and for other purposes that are permitted and required by law. The Patient’s PHI is information related to the Patient, including demographic information that may identify the Patient and information that relates to the Patient’s past, present or future physical or mental health or condition.

Provider developed this HIPAA Notice to make sure the Patient’s PHI will not be shared with anyone who does not require it.

HOW PROVIDER MAY USE PATIENT’S PHI

The following categories describe the different reasons Provider may use and disclose the Patient’s PHI. These categories are intended as general descriptions only and not a list of every instance in which Provider may use and disclose the Patient’s PHI.

- **Provide Treatment**

We may use and disclose the Patient’s PHI to provide you with healthcare treatment and related services, including coordinating and managing your healthcare. This may include administrative and clinical office procedures. We may share Patient’s PHI with healthcare providers and personnel who are providing or involved in providing healthcare to the Patient (both within and outside our office), or other health care personnel providing your treatment. For example, should the Patient’s care require referral to or treatment by another provider, we may provide that provider with the Patient’s PHI.

- **To Obtain Payment / Bill for Services**

We may use and disclose the Patient’s PHI to collect payment for services you receive in our office. This may also include the disclosure of PHI to obtain prior authorization for therapy sessions from your insurance plan.

- **To Conduct Health Care Operations**

We may use and disclose the Patient's PHI for our healthcare operations. These uses and disclosures are necessary to operate and manage our practice, to promote quality care, and to contact you when necessary. For example, we may use or disclose the Patient's PHI in order to assess the quality of care you receive or to conduct certain business management or administrative tasks.

- **Appointment Reminders and Health-Related Benefits and Services**

We may use and disclose the Patient's PHI in order to contact you (including, for example, contacting you by phone and leaving a message on an answering machine) to provide appointment reminders and other information. We may use and disclose the Patient's PHI to tell you about health-related benefits or services that we believe may be of interest to you. We may use email to contact you about your health care invoice or payment.

- **Patient Communication**

We may contact you to follow up on the Patient's care and inform you of treatment options or services that may be of interest to you or your family. These communications may include, but are not limited to postcards, letters, telephone calls, voice mail, bulletins, or email.

OTHER WAYS PROVIDER MAY USE PATIENT'S PHI

- **As Required by Law**

We may use and disclose the Patient's PHI as permitted or required by local, state or federal law or regulations. This may include sharing the Patient's PHI with the Department of Health and Human Services for compliance purposes or State law enforcement officials for certain law enforcement purposes, included (under certain limited circumstances) if the Patient is a victim of a crime or in order to report a crime.

- **Abuse or Neglect**

We will notify government authorities if we believe the Patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment or when we believe we are specifically required or authorized by law.

- **Health Oversight Activities**

We may use and disclose the Patient's PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include, but are not limited to government agencies that oversee the health care system, government benefit programs, other regulatory programs, and civil rights laws.

- **Legal Matters**

If you are involved in a lawsuit or a legal dispute, we may disclose the Patient's PHI about the Patient in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose the Patient's PHI, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

- **Mental Health Information**

We will not disclose mental health records containing the Patient's identity, diagnosis, evaluation, or treatment unless authorized by law or upon your written consent.

- **Other**

We may use and disclose the Patient's PHI with respect to very limited instances related to fundraising, national security and intelligence activities, public health, research, and imminent threats to public safety.

ANY OTHER USE OR DISCLOSURE REQUIRES YOUR WRITTEN AUTHORIZATION

- *Disclosure.* Other than what is stated above or where required by law, we will not disclose the Patient's PHI. There may be times we may need or want to use or disclose the Patient's PHI for reasons other than those listed above, but to do so we will need your prior authorization.

- *Right to Revoke Authorization.* Other uses and disclosures the Patient's PHI not covered by this HIPAA Notice or the laws that apply to us will be made only with your written authorization. If you provide us with written authorization to use or disclose the Patient's PHI for such other purposes, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose the Patient's PHI for the reasons covered by your written authorization. We are unable to take back any uses or disclosures we have already made in reliance upon your authorization, and that we are required to retain our records of the care that we provided to you.

RIGHTS REGARDING THE PATIENT'S PHI

- *Right to Inspect and Copy PHI.* You have the right to read, review, and copy the Patient's PHI. If you would like a copy of the Patient's PHI, please let us know.

- *Right to Amend PHI.* You have the right to ask us to update or modify the records if you believe the Patient's records are incorrect or incomplete. We will do our best to accommodate you as long as we maintain this information. In order to standardize the process, requests must be made in writing along with a description of the reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing the Patient's PHI are determined to be complete and accurate.

- *Right to an Accounting of Disclosures.* You can ask for a list of the times we have shared the Patient's PHI for six (6) years prior to the date you ask, who we shared it with, and why we shared it. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We can provide one (1) accounting a year for free but may charge a reasonable, cost-based fee if you ask for any additional accountings within twelve (12) months.

- *Right to Request Restrictions.* You have the right to request a restriction or limitation on the PHI that we use or disclose about the Patient. Except as specifically described in this HIPAA Notice, we are not required to agree to your request for a restriction or limitation. There are certain situations where we won't be able to agree to your request, such as when we are required by law to use or disclose the Patient's PHI. Please make a written request to Provider. In your request, you must specifically tell us what information you want to limit, whether you want us to limit our use, disclosure, or both, and to whom you want the limits to apply.

- *Right to Request Confidential Communications.* You have the right to request that we communicate with you in a certain way. We will make every effort to honor reasonable requests for confidential communications.

- *Right to Request a Paper Copy of this HIPAA Notice.* You have the right to obtain a copy of this HIPAA Notice directly from us at any time, even if you have agreed to receive this Notice from us electronically.

- *Right to Breach Notification.* In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that the Patient’s PHI has been improperly disclosed or otherwise subject to a “breach” as defined in and/or required by HIPAA and applicable law.

- *Right to File a Complaint.* You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-6966775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES REGARDING THE PATIENT’S PHI

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share the Patient’s PHI in the situations described below, please let us know. We will follow your instructions.

- *Right and Choice.* In the following instances, you have both the right and the choice to tell us whether you’d like to do the following: (1) share the Patient’s PHI with your family, close friends, or others involved in the Patient’s care; (2) share the Patient’s PHI in a disaster relief situation; or (3) include the Patient’s PHI in a hospital directory.

- *Instances We Will Never Share the Patient’s PHI:*

- Marketing purposes
- Sale of the Patient’s PHI
- Most sharing of psychotherapy notes

ACCESS TO THE PATIENT’S PHI

There are three (3) situations where a parent may not receive their child’s PHI from Provider. These exceptions are as follows:

1. When the child is the one who consents to care and the consent of the parent is not required under state or other applicable law;
2. When the minor obtains care at the direction of a court or a person appointed by the court; and
3. When, and to the extent that, the parent agrees that the minor and the health care provider may have a confidential relationship.

Parental access may be denied when state or other law prohibits such access. Provider may choose not to treat a parent as a personal representative when Provider reasonably believes, in his or her professional judgment, that the child has been or may be subjected to domestic violence, abuse or neglect, or that treating the parent as the child’s personal representative could endanger the child.

CHANGES TO THIS HIPAA NOTICE

We reserve the right to change the terms of this HIPAA Notice, and the changes will apply to all

PHI regarding the Patient. The new notice will be available upon request.

PROVIDER REponsibilites

- We are required by law to maintain the privacy and security of the Patient’s PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of the Patient’s PHI.
- We are required by law to maintain the privacy of Patient’s PHI and to provide you this HIPAA Notice.
- We will not use or share the Patient’s PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

EFFECTIVE DATE OF THIS HIPAA NOTICE

The “*Effective Date*” of this HIPAA Notice is May 1, 2024.

[signature page(s) follow]

ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THIS HIPAA NOTICE OF PRIVACY PRACTICES PRIOR TO ANY SERVICE BEING PROVIDED TO YOU BY PROVIDER, AND YOU CONSENT TO THE USE AND DISCLOSURE OF THE PATIENT’S PHI AS SET FORTH HEREIN EXCEPT AS EXPRESSLY STATED BELOW.

GUARDIAN HEREBY REQUESTS THE FOLLOWING RESTRICTIONS ON THE USE AND/OR DISCLOSURE (*SPECIFY AS APPLICABLE*) OF THE PATIENT’S PHI:

****YOU MAY REFUSE TO SIGN THIS HIPAA NOTICE****

Patient’s Name

Patient’s Date of Birth

Signature of Parent/ Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Relationship to Patient