



## NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1998 (also known as “HIPAA”) is a federal mandate that requires all medical records and other protected health information used or disclosed by a provider in any form (i.e., electronically, orally, or via paper) be kept properly confidential. HIPAA gives the patient rights on how to understand and control how their health information is used. HIPAA also can penalize entities or persons who do not act within accordance of this act. As required by HIPAA, below is an explanation of how Springling Therapy will maintain your privacy of your or your child’s confidential health information. Additionally, how your or your child’s information can be disclosed and used is also detailed. Springling Therapy may use and disclose your records for treatment and payment purposes only. Treatment entails providing, coordinating, or managing health care and related services by one of more health care providers. An example of this would include providing a copy of your assessment report to your child’s pediatrician. Payment entails sending information to obtain reimbursement for services, confirming coverage of insurance, billing or collection services, and utilization review. An example of this would be sending a bill for your visit to your insurance company. Springling Therapy may contact you for appointment reminders or about treatment recommendations or other related services that may benefit you and your child. Any other uses or disclosures must be made by written authorization. You may revoke your authorization in writing as any time however if information has already been shared based on written authorization given by you, that information can not be retrieved. Your rights regarding your health information:

1. You can ask Springling Therapy to communicate with you about your health and related issues in a particular way or at a certain place for more privacy. For example, you could ask to call you at home and not at work to schedule or cancel an appointment.
2. You can request that Springling Therapy limit what is disclosed to any people who are involved in your treatment or the payment for treatment, such as family members or friends. If Springling Therapy agrees to the request, it would be kept except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at your health information, such as billing records or health records, such as a psychological report. You can even get a copy of these, provided that you reimburse for time and copy expenses involved.
4. If you believe that any information in your records is incorrect or missing important information, you can ask to have some kinds of changes (termed “amending”) to your health information. You would have to make such a request in writing and send it to the office, and you would also need to write the reasons that you want to make the changes.
5. You have the right to a copy of this notice. Hard copies are available upon request.
6. You have the right to file a complaint if you believe that your privacy rights have been violated. You can file such a complaint with your provider at Springling Therapy and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint regarding privacy will not in itself change the health care that you receive at this office. In all but a few rare situations, your privacy is protected by state law and by the rules of our profession. Here are the most common situations in which confidentiality is not protected. We are legally and ethically bound to respond to certain court requests. For example, courts can request psychological records in divorce and custody proceedings or request your psychological records. Consult your lawyer for further details. . When examiners suspect that clients are a possible danger to self and/or others, we are required to report that situation to the appropriate authorities.

4. Examiners are legally required to reported suspected child, elder and disabled abuse. Except for the situations described above, Springling Therapy will maintain your privacy. We also ask you not to disclose the name or identity of anyone you know who has been seen by us to anyone else. Records are securely stored for ten years. If illness, disability, or other presently unforeseen circumstances arise, we ask you to agree to transferring your records to another provider who will assure their confidentiality, preservation, and appropriate access. Finally, please note that the Health Insurance Portability and Accountability Act of 1996 requires that you be provided with a Notice of Privacy Practices specifically outlining these privacy practices. A copy of that Notice is attached here to. To the extent of any discrepancy between the foregoing and the Notice, the terms of the Notice shall apply.

I have read, or have had read to me, the issues and points regarding privacy practices . By completing the checkout and checking the box, I acknowledge that I have received a copy of the Notice of Privacy Practices. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I hereby agree to the privacy notice and to cooperate fully and to the best of my ability. By signing below I consent to have my child seen or assessed by Springling Therapy. I attest that I am legally able to make medical decisions for my child.

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Child Name

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Date

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Parent Printed Name & Relationship

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Parent/Guardian Signature