

7209 Creedmoor Rd. Suite 101
Raleigh, NC 27613
Office 919.844.1100 • Fax 919.844.1102
Office@PediatricPossibilities.com



211 West Matthews St. Suite 106
Matthews, NC 28105
Office 980.245.2340 • Fax 980.245.2333
Matthews@PediatricPossibilities.com

CLIENT NOTIFICATION OF PRIVACY POLICIES AND RIGHTS

This notice describes how medical information about the client may be used and disclosed, as well as how you can access this information. Please review it carefully.

Purpose: To document the disclosure of policies regarding the storage, use and sharing of confidential information that Pediatric Possibilities, P.A. is required by law to abide by. In addition to the general information provided, clients may request to review the Pediatric Possibilities, P.A. Privacy Policy Procedure Manual.

1. Confidential information will be stored in a secure location away from public access.
2. All employees and any other parties who have access to or who will be sharing the confidential information must sign a confidentiality agreement.
3. All employees have access to and reviewed a copy of the Privacy Policy Procedure Manual.
4. Employees have access only to information required to complete their job responsibilities.
5. Therapists will only have access to other therapist's client information when it is necessary to provide the best collaborative services to the client.
6. Evaluations, therapy plans, progress reports and treatment notes are sent to insurance companies, other payor sources, and referring physicians for the purposes of requesting doctor's orders, authorization for services, or to obtain reimbursement for services. Information may be sent via first class mail, email, or fax with procedures in place to limit the likelihood of unauthorized access. This information will be sent one time and the date sent will be documented. If an additional request for the same information is made, the client/guardian will be given the documents for submission.
7. Confidential information is not shared with 3rd parties (with the exception of those within Pediatric Possibilities, P.A.) without written approval from the client or guardian.
8. Any employees requiring access to confidential information have signed a "Employee HIPAA Agreement" promising to follow procedures to guard confidentiality.
9. Giving photographs to the clinic is considered authorization for displaying the pictures in the waiting room or on the website.
10. If observing in the therapy room and/or observation room, parents/guardians must abide by all privacy policies and rules.
11. The Office Manager serves as the Privacy Officer. If any client/guardian has concerns that confidentiality has been or is in danger of being breached, they are asked to report it to the Privacy Officer (reports will not be used against a client to change treatment plan). You may contact the Privacy Officer at 919-844-1100.
12. All attempts should be made to hold conversations, which may include confidential information in a location away from public access.
13. All computers containing confidential information are only accessed via a password. Employees only have access to information critical for their job responsibilities.
14. By requesting or initiating e-mail communications, clients/guardians understand that Pediatric Possibilities, P.A. email addresses are not encrypted and agree to release Pediatric Possibilities, P.A. and its employees for any breach of confidentiality that may occur with information transmitted over the internet.

15. Authorization is required by the client for uses and disclosures of protected health information for marketing purposes.
16. Individuals who pay out of pocket in full for healthcare service have the right to restrict disclosures of protected health information to their health plan.
17. Individuals will be notified in the unlikely event of a breach of unsecured protected health information.
18. In order to amend protected health information, the client must make the request in writing and include the specific reason for requesting an amendment.
19. All requests for inspection and/or copies of clients protected health information must be made in writing and directed to our Privacy Officer. Electronic health records will be readily accessible and distributed to the client in a format mutually agreed upon by Pediatric Possibilities, P.A. staff and client. The request will be made in writing and client will incur a fee (.07 a page) if electronic health records are printed by Pediatric Possibilities, P.A.
20. Other uses not described in the client notification of privacy policies will be made only with authorization from the individuals to whom the protected health information relates.
21. Pediatric Possibilities, P.A. reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that we maintain.

Use and Disclosure of Your Protected Health Information and Consent for Treatment

_____ **(initial)** I HAVE READ AND UNDERSTAND THE PRIVACY POLICIES PRESENTED IN THIS DOCUMENT.

_____ **(initial)** I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICE FORM.

_____ **(initial)** I CONSENT THE USE OR DISCLOSURE OF MY PROTECTED HEALTH INFORMATION (PHI) BY PEDIATRIC POSSIBILITIES, P.A. FOR THE PURPOSE OF TREATMENT, PAYMENT, AND GENERAL HEALTHCARE OPERATIONS.