



Privacy Policy

Notice Of Private Practices

Shenandoah SOUNDstart, LLC cares about your privacy. The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share your medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Please review this notice carefully, and if any questions or concerns arise, contact Shenandoah SOUNDstart, LLC's Privacy Official, Carrie Smith.

Our Responsibilities: *We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices. We will abide by the terms of this notice.*

Uses and Disclosures: *The following categories describe how we may use and disclose your medical information.*

For Treatment: *We may use health information about you to provide you treatment or services. This means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this would include a physical examination.*

For Payment: *We may use and disclose health information about your treatment and services for such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.*

For Health Care Operations: *Members of our staff may use information in your health record for the business aspects of running our practice,*



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such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service. An example would be an internal quality assessment review. We may disclose information to students for educational purposes. We may remove information that identifies you from this set of health information to protect your privacy. We may contact you to remind you that you have an appointment; assess your satisfaction with our services; tell you about possible treatment alternatives; tell you about health-related benefits or services, and we may leave messages on your answering machine or voicemail regarding primary appointment reminders and billing/collections efforts.

Future Communications: *We may contact you in the future via newsletters, mail outs, or other means regarding treatment options, health-related information, or other community-based initiatives or activities our facility is participating in.*

Organized Health Care Arrangement: *This facility and its staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and healthcare operations. Therapists and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.*

Law Enforcement/Legal Proceedings: *We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.*

Your Health Information Rights: *Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:*



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Inspect and Copy: *You have the right to inspect and obtain a copy of your health information, including billing records.*

Amend: *If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our facility. Any request for an amendment must be sent in writing to the Facility Privacy Official.*

An Accounting of Disclosures: *You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment, or healthcare operations where an authorization was not required.*

Request Restrictions: *You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care (i.e., family member or friend). Any request for a restriction must be sent in writing to the Facility Privacy Official.*

We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose related to payment of health care operations (and not treatment purposes), and 2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Request Confidential Communications: *You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we contact you at work instead of at home or in a private room, rather than in the waiting room.*



Shenandoah SOUNDstart, LLC
Pediatric Therapy Center

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The facility will grant requests for confidential communication at alternative locations and/or alternative means if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

A Paper Copy of this Notice: *You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.*

Changes To This Notice: *We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date.*

Complaints: *If you believe your privacy rights have been violated, you may file a complaint with this facility. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.*

Other Uses of Health Information: *Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. 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 and documented in our facility.*



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Notice Of Privacy Practices Acknowledgment

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Provide treatment and services
- Bill and collect payment from you, your insurance company, or a third-party payer
- Conduct healthcare operations such as assess my care and outcomes and quality assessments

I have received, read, and understand your *Notice of Privacy Practices* containing a complete description of my rights and the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand that this organization is not required to agree to my requested restrictions, but if the organization does agree, then it is bound to abide by such restrictions.

Child's Name: _____ **Guardian Name:** _____

Guardian Signature: _____ **Date:** _____