

Notice of Privacy Practices

Saddleback Pediatric Therapy Services

(SPT) will ask you to sign an Acknowledgement that you have received with this Notice of Privacy Practices (Notice). The Notice describes, in accordance with the HIPAA Privacy Regulations, how SPT may use and disclose your protected health information to carry out treatment, payment or health care operations and for the other specific purposes that are permitted or required by law. The Notice also describes your rights and SPT's duties with respect to protected health information about you.

SPT will store information provided by you in the computer system. That information will include your child's name, address, phone number and other identifying information. In addition, any information that you provide concerning diagnosis or other matters affecting your case will be stored in the computer.

Treatment, Payment and Health Care Operations

SPT is a children's therapy center which offers a variety of services for children with and without special needs and for their families. These services include occupational and speech-language therapy, as well as a multi-disciplinary early intervention program, a social skills program and a therapeutic summer day camp. Therapy is provided both individually and in groups, primarily at our therapy clinic and at school sites, with some home and community based therapy sessions.

We may use or disclose health care information to receive payment for services from school districts, state agencies, county agencies, insurance companies or others who pay costs of some of all of your health care.

We will use your health care information to carry out health care operations. This includes but is not limited to: scheduling appointments, greeting and announcing on arrival, assisting your therapist/therapy team during the child's appointment, arranging referrals, and maintaining records. We may use your health care information to evaluate the quality and competence of our therapists and other health care staff.

Notification and Disclosures with Family or Business Associates

Using their judgment as health care professionals, our staff may disclose your child's health care information to a personal/legal representative (one who has valid Power of Attorney, a conservator or a guardian), another person responsible for care. We form contracts with entities known as Business Associates to whom we perform services for. We may disclose health care information in the interest of handling your child's case as it relates to meetings and reporting. We require all Business Associates to appropriately safeguard the health care information.

Other Required or Permitted Disclosures

We may disclose your health care information to the following entities and/or under given circumstances:

- to public health authorities for the purpose related to; preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting disease of infection exposure;

- to health agencies during the course of audits, investigations, inspections, licensure and other proceedings;
- in the course of any administrative or judicial proceedings;
- to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes;
- to coroners, medical examiners and funeral directors;
- to organizations involved in procuring, banking, or transplanting organs;
- to researchers conducting research that has been approved by an Institutional Review Board;
- to contact the patient for the purpose of fundraising;
- to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public;
- as necessary to comply with worker's compensation laws;
- to provide you with information about other health-related benefits and services that may be of interest to you.

Authorized Use and Disclose of your Health Care Information

We will obtain written authorization before using or disclosing health care information about your child for the purposes other than those listed above or otherwise permitted or require by law. You may revoke an authorization in writing at any time.

Your Health Care Information Rights

You have the right to request restrictions on certain uses and disclosures of your health care information. However, SPT is not required to agree to the restriction that you requested. Upon written request, you have the right to receive your health care information through a reasonable alternative means or at an alternative location. You have the right to request or inspect a copy of your child's health care information. To receive a copy of your child's health care information, you must send a written request to the Director of Office Administration.

Changes to this Notice of Privacy Practices

SPT reserves the right to amend this Notice of Privacy Practice at any time in the future and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendments. Until such amendments are made, SPT is required by law to comply with this Notice.

For Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact the Director of Office Administration at SPT.

Complaints about how SPT handles your health care information should be directed to SPT's Chief Programs Officer. If you believe your rights have been violated you can file a complaint with the Secretary of Health and Human Services or go online to <http://www/hhs.gov/ocr/regmail.html> for a list of offices.

Effective Date

The effective date of this notice is January 1, 2015.