



11 Galloping Road Round Rock, Texas 78681 Phone: 512-341-9991 Fax: 512-341-0019 Website: rrchildrenstherapy.com Email: RRCTC901@gmail.com

The federal government has enacted a law called the Health Insurance Portability and Accountability Act. The law's intent is to protect confidential patient records. You will be asked to sign paperwork related to this law on your first visit to the clinic. A handbook explaining your rights under HIPAA is available in the clinic, and we are happy to answer any questions you might have about this law.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may have access to this information. Please review this carefully.

Who Will Follow These Practices?

- Protected Health Information (PHI) will be disclosed by RRCTC and therapists.
- These policies do not apply to information that RRCTC and therapists receive while in a non-health care provider capacity.
- These require RRCTC, employees, and any third parties that participate to comply with the privacy rules while engaging in activities.
- RRCTC employees providing services are required to protect each patient's PHI. This is information we have created or received relating to health conditions, all of the health care payments that identify you or provides basis to believe the information can identify you.
- PHI does not include individually identifiable information contained in the Family Education Rights and Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA).
- We provide you with this notice to explain how, when, and why we disclose your PHI. We will not disclose any more than is necessary.
- We reserve the right to change the terms of this notice at any time that will apply to what we already have. We will make the change in this notice and post a new one at RRCTC clinic and on the website.

How We May Disclose and Use Your Protected Health Information

Certain Uses and Disclosures Do Not Require Your Authorization for These Reasons:

- **For Treatment**—It may also be disclosed to educational facilities, your referring physician, and those participating in the delivery of healthcare.
- **For Payment**—It may be disclosed so your services are billed and payment is collected properly. We may tell the clinic about treatment to be received to obtain prior approval and determine if your plan covers treatment. We may discuss PHI with a pharmacist as well to determine correct dosage and administration of medical information.
- **For Health Care Operations**—It may be disclosed to review services to evaluate the performance of the staff and make sure all patients receive quality care. We may combine the PHI of several patients to determine if additional services need to be offered, which services are not needed, and if treatments are effective. Identifiable information may be removed for educational facilities to use.
- **When Disclosure Is Required By Law**—Under HIPAA, we must make PHI disclosures to the Secretary of the Department of Health and Human Services if the law requires us to do so. It is for them to investigate our compliance with the requirements of the Privacy Rule with HIPAA.
- **For Public Health Activities**—It may be disclosed if information is reported about births, deaths, various diseases, etc. to government officials collecting this information. Information will also be provided to necessary medical providers.
- **For Health Oversight Activities**—It may be disclosed to a health oversight agency for activities authorized by the law. This is necessary to assist government conduction of investigation or inspection of a healthcare provider or organization.
- **For Research Purposes**—It may be disclosed to approved researchers with reviewed and accepted protocols. This will include no unique identification of the subject of the information. "Therapy With A Purpose"
- **To Avoid Harm**—It may be disclosed when we believe it will prevent a serious threat to health and safety of a person or the public. We may provide PHI to law enforcement able to prevent or lessen harm.
- **For Specific Government Function**—It may be disclosed for military personnel or veterans for intelligence, counterintelligence, and national security purposes.

- **For Workers Compensation Purposes**—It may be disclosed to comply with these laws that benefit work-related injuries or illnesses.
- **Appointment Reminders and Health-Related Benefits**—It may be disclosed for reminders and give information about treatment alternatives or services we offer.
- **Inmates**—It may be disclosed about an inmate or the person having lawful custody. This is necessary to provide them with health care, protect their and others health and safety, and provide law enforcement on institution premises.
- **To You or Your Personal Representative**—It may be disclosed to your representative if you are a minor. We will obtain documentation that supports your representation prior to disclosure. We do have the right not to accept this person if we have reason to believe they are a danger to you in some form.

Uses and Disclosures with Prior Written Authorization:

- In situations not referenced above, we will ask for written authorization before using or disclosing your PHI. If you choose to authorize PHI disclosure, you can later revoke the authorization in writing to stop any further disclosure.

What Rights You Have Regarding Your PHI (Protected Health Information)

- **To See and Get Copies of Your PHI**—The request must be made in writing and we will respond to you within 30 days of receiving it. We may deny the request in writing in certain situations. We may also charge a fee for copying, mailing, or supply costs.
- **To Correct or Update Your PHI**—If you think there may be a mistake or information is missing, you may submit a request in writing to change it and we will respond to it within 60 days. We may deny it if the PHI is complete and correct, not created by us, not allowed to be disclosed, or is not part of our records. If we approve it, we will make the change, tell you that we have, and make sure others know.
- **To Get a List of the Disclosures We Have Made**—We will respond within 60 days of your written request. This list will include disclosures made in the last 6 years unless you request a shorter time. It includes the date of disclosure, to whom it was disclosed, description of the information, and the reason for disclosure.
- **To Request Limits on Uses and Disclosures of Your PHI**—A written request must be submitted to RRCTC. It must tell us the PHI you would like to limit, the reasons why, and to whom the limits apply. We will consider this request but are not legally required to accept it.
- **To Choose How We Send PHI To You**—You can request that we send information to an alternate address or by alternate means. We must agree to this request as long as it is reasonable and can easily provide the requested information. It must be submitted in writing to RRCTC.
- **To Get a Paper Copy of this Privacy Notice**—You are entitled to a paper copy of Round Rock Children's Therapy Center's Notice of Privacy Practices. You can access a copy of the Notice of Privacy Practices from the website www.rrchildrenstherapy.com or request one from the office directly.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights or you disagree with a decision made about access to your PHI, you may file a complaint with the RRCTC Privacy Officer.

- We will take no retaliatory action against you if you file a complaint about our Privacy Practices.