

Notice of Privacy Practices for Protected Health Information

This notice describes how your medical information may be used and disclosed. It also tells you how you can access this information.

With your consent to treatment, Whole Kids Therapy is permitted by federal privacy laws to use and disclose your child's health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to your child. Such information may include documenting your child's symptoms, test results, diagnosis, treatment, and applying of future care or treatment. This information may be shared with a new therapist that is seeing your child or allow Whole Kids Therapy to receive information from a previous therapist or doctor. It also includes billing documents for those services. Examples may include providing health insurance companies with information that they have requested from us regarding treatment.

Other uses of your child's information include disclosing your child's information to public authorities as required by law to report abuse or neglect. Protected information will be released if required by law, with your consent, or if directed by a court order.

Your Health Information Rights

The health and billing records we maintain are the physical property of Whole Kids Therapy. The information in it, however, belongs to you: You have the right to:

- * Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to Whole Kids Therapy.
- * Obtain a paper copy of the Notice of Privacy Practices by making a request.
- * Request that you be allowed to inspect and copy your health record and billing record.
- * Appeal a denial of access to your protected health information except in certain circumstances.
- * Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to Whole Kids Therapy. The provider is not required to make such amendments.
- * File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your child's protected health information.

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- * Obtain an accounting of disclosures of your child's health information as required to be maintained by law by delivering a written request to Whole Kids Therapy.
- * Request that communications of your child's health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- * Revoke authorizations that you made previously to disclose information except to the extent information or action has already been taken by delivering a written revocation
Our Responsibilities
- * Maintain the privacy of your child's health information
- * Provide you with a notice of our privacy practices
- * Abide by the terms of this notice
- * Notify you if we cannot accommodate a requested restriction or request
- * Accommodate your reasonable requests regarding methods to communicate health information with you

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Whole Kids Therapy at (408) 280-7712. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Whole Kids Therapy. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

* We cannot and will not require you to waive the right to file a complaint with the Secretary of health and Human Services as a condition of receiving treatment from this office.

* We cannot and will not retaliate against you for filing a complaint.
You have the right to review this Notice before signing the consent authorizing use and disclosure of your child's health information.

Parent Signature: _____ Date: _____