



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION

Please Review Carefully

If you have any questions about this notice, please contact the Executive Director at Swing for the Stars Pediatric Therapy Center

Our Commitment to Your Privacy

At Swing for the Stars (SFTS), we are committed to using and disclosing protected health information about you responsibly and in accordance with federal and state privacy laws. Protected health information (PHI) is information that can be used to identify you that I have created or received about your past, present, or future health conditions, the provision of health care to you, or the payment of this health care.

We are required by law to maintain the privacy of PHI. Additionally we are required to provide you with this notice of our legal duties and privacy practices regarding health information about you. We do reserve the right to change the terms of this Notice and privacy policies at any time. Any changes will apply to PHI on file with SFTS already. Before we make any important changes to our policies, SFTS will promptly change this Notice and post a new copy of it in our office.

You can request a copy of this Notice at any time, or you can view a copy of it in our office at 2 Pillsbury Street, Suite 404, Concord, NH 03011.

How Health Information May be Used and Disclosed

We will use and disclose your PHI for many reasons. Some of these disclosures will require your prior authorization, while other disclosures do not require your prior authorization. The following include categories of our uses and disclosures:

Treatment: SFTS may use and disclose health information for purposes of providing you appropriate therapy services. This may include disclosing health information to doctors, nurses, technicians, or other personnel outside our office who are involved in your medical care for purposes for coordination of your care.

Payment: SFTS may disclose health information for billing and collecting payment for therapy services rendered. We may send your PHI to your insurance company or health plan to obtain payment for health care services provided to you from SFTS. We may also provide your PHI to a business associate such as a claims processing company.

Health care operations: SFTS may disclose your PHI to operate our practice. We may use your PHI internally to evaluate the quality of services received and/or the performance of professionals who provided such services to you. We may also provide your PHI to our accountants, attorney, consultants, and other to ensure we are complying with applicable laws.

Other disclosures: SFTS may disclose your PHI to others without your consent in situations where you need emergency treatment but you are unable to communicate such consent and we believe that consent to such treatment would be awarded if you were able to do so.

Appointment reminders: SFTS may disclose your PHI to contact you to remind you of an upcoming appointment with us. This may include documentation sent to your home by mail, or messages left on the your voicemail.

Uses and Disclosures of your PHI that DO NOT Require Your Consent

- When disclosure is required by federal, state, or local law; judicial or administrative proceedings; or law enforcement. This includes disclosures to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse, neglect, or when ordered in judicial or administrative proceedings.
- For public health activities such as reporting information about you to the city coroner.
- For health oversight activities including providing information to assist the government officials during an investigation or inspection of a health care provider or organization.

- To avoid harm to avoid a serious threat to the PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- For specific government functions we may disclose PHI of military personnel and veterans under certain circumstances. We may disclose PHI for national security purposes such as protection of government officials or conducting intelligence operations.
- For worker's compensation purposes we may provide PHI in order to comply with workers compensation laws.

Uses and Disclosures of your PHI that Require You Have the Opportunity to Object

SFTS may provide your PHI to a family member, friend, or other persons that you indicate are involved in your care or the payment of your health care, unless you object in whole or in part. This opportunity to consent may be obtained retroactively in emergency situations.

Uses or Disclosures that Require Prior-Written Authorization

In all other situations outside those listed above, SFTS will ask for your written authorization before using or disclosing any PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to cease any future uses and disclosures, to the extent that SFTS has not taken actions in reliance on such authorizations.

Your Rights

Right to request limits on uses and disclosures of your PHI: You have the right to ask that we limit how we use and disclose your PHI. Requests will be considered, though SFTS is not legally required to accept these proposed limits. If your request is accepted, SFTS will put the mutually agreed upon limits in writing and abide by them, except in emergency situations. You may not limit that uses and disclosures that we are legally required or allowed to make.

Right to choose how we send PHI to you: You have the right to request that we send information to you at an alternate address such as a work address, or by alternate means such as e-mail instead of regular mail. SFTS will agree to your requests so long as we can reasonably provide the PHI to you in the requested format.

Right to view and obtain copies of your PHI: In most instances, you have the right to view or obtain copies of your PHI held by SFTS following receipt of a written request. SFTS will respond within 30 days of receiving written requests. In circumstances where you maintain an overdue balance for services rendered, access to PHI may be denied until payment in full has been obtained by SFTS. All denials for access to your PHI held at SFTS will be put in writing with an explanation as to the reason for denial will be made clear. If you request copies of your PHI, we will provide the first copy free of charge. Additional copies will be assessed a charge of no more than \$.50 per page.

Right to obtain a list of disclosures that have been made: You have the right to request documentation listing instances in which SFTS had disclosed your PHI. This list will not include uses or disclosures that you have already consented to such as those made for purposes of treatment, payment, practice operations, directly to you, or to your family. The list will not include uses and disclosures made for national security purposes, to corrections of law enforcement personnel, or disclosures made before April 15, 2003. SFTS will respond to your request for an account of disclosures within 60 days of receiving your request. The list will include disclosures made in the last 5 years, unless you request a shorter timeline, and will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. This list will be provided at no additional charge on an annual basis. Greater than one request per calendar year will result in charges from SFTS at a reasonable cost based fee.

The right to correct or update your PHI: If you believe there is a mistake in your PHI or that your PHI is incomplete, you have the right to request that we correct or add to the existing information. Requests to alter or add to PHI must be made in writing. SFTS will respond within 60 business days of receiving your request. We may deny your request in writing if the PHI is (a) correct and complete, (b) not created by me, (c) not allowed to be disclosed, or (d) not part of our record at SFTS. Our written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial.

Complaints

If you think SFTS may have violated your privacy rights, or you disagree with a decision made about access to your PHI, you may send a written complaint to Swing for the Stars Pediatric Therapy Center, Attention: Executive Director, 2 Pillsbury Street, Suite 404, Concord, NH 03301. You may also file a written complaint to the Office for Civil Rights, US Department of Health and Human Services, JFK Federal Building- Room 1875, Boston, MA 02203. We will take no retaliation action against you if you file a complaint about our privacy practices. If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the US Department of Health and Human Services, please contact our HIPAA Officer at (603) 232-5922.

Effective Date

March 23, 2017