



## **Notice of Privacy Practices:**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Understanding Your Child's Health Record/Information:**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information often referred to as a health or medical record, serves as a basis for planning care and treatment, as well as it serves as a means of communication among the many health professionals who contribute to the care plan. Understanding what is in our records and how your child's health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your child's health information, and make more informed decisions when authorizing disclosure to others.

### **Health Information Rights:**

Unless otherwise required by law, your child's health record is the physical property of the healthcare practitioner or facility that compiled it; the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your child's information, and request amendments to your child's health record. This includes the right to inspect and obtain a copy of your child's health records, as well as revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities:**

This Organization is required to maintain the privacy of your child's health information. We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've provided us. We will not use or disclose your health information without your authorization, except as described in the following section.

### **Examples of Disclosures for Treatment, Payment, and Health Operations:**

1. We will use your child's health information for treatment. For example: information obtained by a therapist will be recorded in your child's record and used to determine the course of treatment that should work best for your child. Members of the staff may use information in your child's health record to assess treatment plans in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.
2. We will use your child's health information for payment. For example: A bill may be sent to you or a third-party payer. The information on, or accompanying the bill, may include information that identifies your child, as well as your child's diagnosis and type of treatment.



3. Communication with family: Therapists and staff, using their best judgment, may disclose to a family member, other relative, close personal friends or any other person you have previously authorized in writing related to your child's care.
4. Public Health: As required by law, we may disclose your child's health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury or disability.

**For More Information Or To Report A Problem:**

If you have questions and would like additional information, you may contact Donna Jackson at (408)842-1121. If you believe your child's privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Notice of Privacy Practices availability: This notice will be prominently posted in the office where registration occurs. Parents/guardians of the patients will be provided with a hard copy.

**Acknowledgement:**

I acknowledge receipt of Children's Therapy Center's Notice of Privacy Practices for Protected Health Information. I authorize the use and disclosure of my child's Health Information for treatment, payment, and healthcare operations.

Signature\_\_\_\_\_Date\_\_\_\_\_

