



We Are Committed to Your Child's Privacy

We understand that health information about your child is personal, and we are committed to protecting it. Protected Health Information (PHI) is information about your child's past, present or future physical or mental health, and healthcare services provided to your child. PHI also includes information that may identify your child, including name, address, phone numbers, and other information. This notice that you are reading, applies to all health records that we use, receive, create, keep and share, whether electronic or paper. It covers how we may use and disclose your child's health information and describes your rights and our obligations.

We are required by law to:

- Keep health information that identifies your child private.
- Give you this notice of our legal duties and privacy practices with respect to your child's health information.
- Follow the terms of the current version of this notice always.
- Notify you following a breach or disclosure of unsecured protected health information (PHI).

This notice is effective as of Jan, 2018. It describes how health information about you may be used and disclosed, and how you can access this information. Please review this notice carefully.

How We May Use and Disclose Your Health Information

In some situations, we need your written permission (authorization) to use or share your child's health information. However, there are situations where we can use and share (disclose) your child's health information without your written permission. The following categories describe different ways that we use and disclose health information:

For Treatment: We may use or share your child's medical information to provide treatment or health care services to him/her.

For example, a doctor treating your child for a broken leg may need to share information with us that is important in developing an effective and appropriate occupational therapy plan for your child. We may, in turn, share with your child's doctor to coordinate different services that your child needs. **For Payment:** We may use and share your child's information to bill for services. Information may be shared to bill you, an insurance company or other third party.

For example, we may need to provide your insurance company with information about services that your child received, or will receive to receive payment, determine coverage, or so that you can be reimbursed for payments made.

For Health Care Operations: We also may use or permit a third-party contractor to use certain health information to contact you for your opinion on the quality of services that your child received.

Appointment Reminders: We may use and share your child's health information to remind you of a scheduled appointment for a treatment or medical services.

Individuals Involved in Your Child's Care or the Payment of Your Child's Care: We may share health information about your child to a friend or family member who is involved in your child's care. We also may give information to someone who is involved with payment or helps pay for your child's care.

Research: Under certain circumstances, we may use and share health information about your child for research purposes.

For example, a research project may involve evaluating the occupational therapy activities of patients who receive one medication compared with those who receive another for the same condition.

As Required by Law: We will share your child's health information when required by federal, state or local law or regulation.

To Avert a Serious Threat to Health or Safety: We may use and share your child's health information when necessary to prevent a serious threat to your child's health and safety or the health and safety of other persons.

Communications Regarding World of OT's Programs or Products: We may use and share your child's health information to inform you of products or services provided by World of OT.

Health Information Exchange: World of OT records and transmits health information electronically. World of OT participates in health information exchanges and may participate in other information exchanges in the future.

Public and Personal Health Risks: We may share your child's health information for public and personal health reasons. For example, we may notify the appropriate government authority if we believe that your child has been the victim of abuse or neglect as required by law.

Health Oversight Activities: We may disclose your child's health information to agencies responsible for auditing, investigations, inspections and licensure.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute involving your child's health care, we may share his/her health information in response to a court order, administrative order, subpoena or discovery request.

Law Enforcement: We may share health information if asked to do so by a law enforcement official in the following situations:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, victim of a crime, material witness or missing person
- About a death we believe may be the result of criminal conduct
- About criminal conduct at World of OT

Coroners, Medical Examiners and Funeral Directors: We may share your child's health information with a coroner or medical examiner to identify a deceased person or determine the cause of death.

Third Parties: We may share your child's health information with certain third parties that we contract with to provide services on our behalf.

Incidental Use: We may use or share your child's health information when it is associated with another use that is permitted or required by law. For example, an IT company that needs to troubleshoot to repair our computer system may incidentally see your information, or a non-medical employee or temporary employee may view your child's information while filing documents.

*<u>Highly Confidential Information</u>: Certain health information receives special privacy protections. Information in our records involving psychotherapy notes, services for mental health and developmental disabilities, alcohol and drug abuse treatment and prevention services, and certain diseases will only be shared as permitted or required by law, or with your written permission.

Your Rights Regarding Your Child's Health Information

Right to Inspect and Copy: You have the right to review and request a copy of your child's health information that may be used to make decisions about his/her care. The information available to you does not include any psychotherapy notes.

Right to Amend: If you feel that the health information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have

the right to request an amendment for as long as the information is kept by or for World of OT. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing, it does not include a reason to support the request, the information wasn't created by us, the requested amendment isn't accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures," which is a list of how and to whom your child's health information have been shared. You may not request an accounting of the following types of disclosures:

- To carry out treatment, payment or health care operations
- To you or your personal representative
- For which you have given your written permission (authorization)
- For your family, friends or others involved in your child's care
- For national security or intelligence purposes, or to correctional institutions or to law enforcement, as described in this notice

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or share about your child for treatment, payment or health care operations, or that we share with persons involved in your child's care or payment of care.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your child's health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or home or by mail.

Right to a Paper Copy of This Notice: You may ask for a copy of this notice at any time. You may obtain a copy of this notice on our website, www.WorldofOT.com, or at our office.

Changes to This Notice

We reserve the right to change this notice and make any revised or updated notice effective for health information we already have about your child. We will post a copy of the most current notice on our website and if requested, will be made available to you.

If you believe your child's privacy rights have been violated, you may file a complaint with World of OT or with the secretary of the Department of Health and Human Services.

To file a complaint with World of OT please contact:

World of OT Privacy Officer Ushma Sampat, M.S., OTR/L <u>Ushma@WorldofOT.com</u> 614.558.0357

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy I	Practices
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I acknowledge that I have received a copy of World of OT's Notice of Privacy Practices.

Child's name _____

Signature of Parent/Guardian _____

Date ______ Relationship to Child______