

NOTICE OF PRIVACY PRACTICES

Ancient City Children's Therapy, LLC
910 S. Winterhawk Dr. # 107
St. Augustine, Fl. 32086
(904) 826-7886

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The therapists and staff of **Ancient City Children's Therapy, LLC.** are legally required to protect the privacy of your health information and to abide by the requirements stated in this document. This is the Notice of Privacy Practices and Procedures this office has in place.

Our office is required to prominently post the most current notice at all times. A copy of the current Notice of Privacy Practice for **Ancient City Children's Therapy, LLC.** will be offered to each individual served through this practice. On their first visit or appointment following April 14, 2003~ you will be asked to sign a Consent and Acknowledgement for treatment and billing policies and to request or decline a copy of this notice. A copy of this notice will be provided to any individual upon request at any time.

If you need additional information about anything contained in this notice, please contact our office in writing at the address above. We encourage you to ask questions about anything you do not understand.

Ancient City Children's Therapy, LLC. reserves, (the right to change its Privacy Practices without advance notice to you and apply the revised Notice of Privacy Practices to your health information. Any changes that are made will be highlighted on the most current Notice of Privacy Practices that are posted in our office so that it may be easily recognized. If changes are made to this Notice of Privacy Practices, you will be provided with a copy of the revised Notice on your first visit following the revision.

Ancient City Children's Therapy, LLC. has policies and procedures to insure that your health information is protected. These include specific guidelines for how your health information can be used, when and how it is disclosed, how confidentiality is maintained, who has access to your health information, and when your health information can be shared with others.

- *Administrative functions within the office - assembling health information, filing records, scheduling appointments, reminders of appointments and other scheduled activities, billing and collecting for services.*
- *Record creation, documentation and monitoring your progress.*
- *Communication among the workforce of this office, either verbally or in writing, information that is required for performing the function of their job.*
- *Consulting with other providers and their workforce, providing information as required and in making referrals.*
- *Verifying your benefits and eligibility with your insurance company.*
- *Providing information to your insurance company as requested for their administrative information,*

Our office may contact you directly by phone, answering machine, fax, electronically or by mail for any of the following activities:

- *Providing appointment reminders for this office.*

- *Scheduling appointments for this office and / or other offices as necessary and providing you with appointment information.*
- *Describing or **recommending service continuation or alternatives**. Providing pre-test instructions and test results, only on a need to know basis.*
- *Providing information about health related benefits and services that may be of interest to you such as classes or educational opportunities.*

Your health information may be used and disclosed **without** your authorization in the following circumstances if you are informed and given the opportunity to agree or object. If you are not present or the opportunity for you to agree or object cannot be provided, we may decide whether the disclosure is in your best interest based on professional judgment.

- *To a family member or other relative, close personal friend, or other person identified by you, the health information relevant to that person's involvement in your care or payment*
- *To a family member, close personal friend, a personal representative, or other person responsible for your care regarding your location, general condition or death*
- *To a public or private organization authorized by law to assist in disaster relief efforts as required by law*

Your health information may be used and disclosed **without** your authorization or the opportunity for you to agree or object in the following circumstances as required by law.

- *For public health activities including but not limited to reporting of communicable diseases, reporting births and deaths, and public health surveillance as required by law*
- *For suspected child abuse and neglect as required by law.*
- *To the Food and Drug Administration to report adverse events including adverse drug reactions and product defects or problems as required by law*
- *To your employer if you have a work related injury or illness or a workplace related medical surveillance as required by law*
- *To a government authority if you are a victim of abuse, neglect or domestic violence (You must be informed of such a report, unless, in the exercise of professional judgment it puts you at risk /or serious harm) as required by law*
- *To a health oversight agency as authorized by law including audits, civil, administrative or criminal investigations; inspections, licensure or disciplinary actions as required by law*
- *In response to a court order or court-ordered warrant, a subpoena or summons issued by judicial officer, a grand jury subpoena or administrative request as required by law*
- *To law enforcement officials for the purpose of identifying or locating a suspect, fugitive, material witness or missing person as required by law*
- *To law enforcement officials you are suspected to be a victim of a crime as required by law.*
- *To law enforcement officials of a death if we suspect that the death may have resulted from criminal conduct as required by law*
- *To a coroner or medical examiner for the purpose of identification, determining a cause of death or other duties authorized by law*
- *To a funeral director as necessary to carry out their duties as required by law*
- *To organ procurement organizations engaged in procurement, banking or transplantation of cadaver organs, eyes, or tissue as required by law*

All other uses and disclosures of your health information will require your specific authorization.

You have the following rights regarding your health information:

- The right to request restrictions on how your health information is used or disclosed. Every effort will be made to honor your request but we are not required to agree to a requested restriction
- The right to receive confidential communications of health information
- The right to see and receive a copy your health information
- The right to request an amendment or correction to your health information

- The right to receive in accounting or list of each time your health information has been disclosed. The first accounting within a twelve-month period is provided at not cost to you. The provider may charge a reasonable cost based fee for each subsequent request within the twelve-month period

If you believe your privacy rights have been violated, you may make a complaint to our Privacy Officer, Johannie Garcia, OTD in writing to the office address. You may also make a complaint to the Secretary of Health and Human Services at the address listed below. If you make a complaint to the Secretary of Health and Human Services to the address listed below, the complaint must be in writing and contain the name of the therapist or office, describe the act or omission believed to be in violation and must be filed within 180 days of the incident. You will not suffer any retaliation for filing a complaint.

Secretary of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201