



CHILDREN'S THERAPY SERVICES

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NOTICE OF PRIVACY PRACTICES

To our clients... This notice describes how health information about you or your child, as a client of this practice, may be used and disclosed, and how you can get access to your (child's) health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please read the following, sign below, and return this to us. HIPAA requires this in order for us to have you or your child as a client.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of health information. We are required by law to maintain the confidentiality of this health information. We realize that these laws are complicated but we must provide you with the following information:

Use and disclosure of health information in certain special circumstances

The following circumstances may require us to use or disclose your or your child's health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order if required to do so by a law enforcement official.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your (child's) health and safety or the health and safety of another individual or the public. We will only make disclosures to person or organizations able to help prevent the threat.
5. If you are a member of the U.S. military or military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you or your child are an inmate under the custody of a law enforcement official.
8. For workers compensation and similar programs.

Your rights regarding your (child's) health information

1. Communications. You can request that our practice communicate with you about your (child's) health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact your home, rather than work. We will accommodate all reasonable requests.
2. You can request a restriction in disclosure of your (child's) health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of health information to only certain individuals involved in your (child's) care, such as family members or friends. We are not required to agree to your request; however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your child.
3. You have a copy to inspect and obtain a copy of the health information that may be used to make decisions about your child. You must submit your request in writing.
4. You may ask us to amend your (child's) health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your report must be made in writing. You must provide us with a reason that supports your request for an amendment.
5. You have the right for a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time.
6. You have the right to file a complaint. If you believe that your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. You have the right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If a disclosure of your (child's) protected health information was made for a reason other than treatment, payment or healthcare operations, you have a right to receive and accounting of the disclosure.

Please let us know if you have any questions regarding this notice or our health information policies.

I hereby acknowledge that I have been presented with a copy of Blast Off Children's Therapy Services, Inc. Notice of Privacy Practices.

Name of Client _____

Parent/Guardian/Responsible Party Signature _____

Date Signed _____