

Therapy 4 Kids, Inc.
Notice of privacy Practices

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.

This practice uses and discloses health information about you from treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices and your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this packet.

Treatment, Payment, Health Care Operations:

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the Occupational Therapists and Speech Language Therapists working within this practice are specialists. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide our primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may engage the services of a professional or "Business Associate" to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law. Also, we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that only the best health care is provided by this practice. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and services we offer. We may also send you information about products or services that we believe would be beneficial to you. You may contact our Privacy Officer to request these materials not be sent to you.

Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Therapy 4 Kids, Inc., 5110 South Yale, Suite 103, Tulsa, Oklahoma 74135

Privacy Officer: Kelly Godfrey; This notice is effective on the following date: 8-1-08

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

Acknowledgement of Review of Notice of Privacy Practices:

I have reviewed the office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Client or Personal Representative

Date

Name of Client or Personal Representative

Relationship to Client

