



Pediatric Therapy Services, Inc.
Making a difference . . . one child at a time.

150 St. Andrews Ct. | Suite 310 | Mankato, MN 56001
Phone: 507-388-KIDS (5437) | Fax: 507-388-2108
www.kidtherapy.com | Email: ptskids@kidtherapy.com

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Pediatric Therapy Services, Inc. is permitted to make use and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:

- a. For treatment – We may share with your physician copies of your treatment plan or evaluation to update him/her on your progress or for his/her approval or recommendations.
- b. For payment – We may send information to your health insurance plan for them to review and determine level of coverage for therapy services.
- c. For health care operations – We may access your health information for purposes of quality improvement within our facility.

2. Pediatric Therapy Services, Inc. is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.

3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.

4. Pediatric Therapy Services, Inc. intends to engage in one or more of the following activities:

- a. Pediatric Therapy Services, Inc. may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
- b. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

5. The Individual has the following rights regarding protected health information:

- a. The right to request restrictions on certain uses and disclosures of protected health information. Pediatric Therapy Services, Inc. is not required to agree to a requested restriction, however.
- b. The right to receive confidential communications of protected health information, as applicable.
- c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
- d. The right to amend protected health information, as provided in the Privacy Regulation.

e. The right to receive an accounting of disclosures of protected health information.

f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.

6. Pediatric Therapy Services, Inc. is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.

7. Pediatric Therapy Services, Inc. is required to abide by the terms of the Notice currently in effect.

8. Pediatric Therapy Services, Inc. reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.

9. Pediatric Therapy Services, Inc. will provide individuals or patients with a revised Notice by posting a notice in a central location in the Pediatric Therapy Services, Inc. waiting area.

10. Individuals may complain to Pediatric Therapy Services, Inc. and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows:

COMPLAINTS: Pediatric Therapy Services, Inc. clients and/or their guardian have the right to voice their complaints. Complaints should be made in writing to Nancy Dobson at Pediatric Therapy Services, Inc., 150 St. Andrews Ct. Suite 310, Mankato, MN. Telephone 507-388-KIDS (5437). Upon receipt of a complaint, an action plan to resolve the problem will be implemented. Should a complaint remain unresolved, please direct complaints to the Minnesota Department of Health, Office of Health Facility Complaints at 393 North Dunlap, P.O. Box 65900 St. Paul, MN 55164-0900. Pediatric Therapy Services, Inc. will in no way retaliate because of a complaint.

11. Pediatric Therapy Services, Inc.'s contact person for matters relating to complaints is:

- a. Nancy Dobson, CEO.
- b. (507) 388-5437.
- c. 150 St. Andrews Ct., Suite 310, Mankato, MN 56001

12. This Notice is first in effect on April 1, 2003.

13. Pediatric Therapy Services, Inc. elects to limit the uses or disclosures that it is permitted to make, as follows: Pediatric Therapy Services, Inc. is committed to limiting the disclosure of PHI (protected health information) only to the degree necessary for the purposes of treatment, payment and healthcare operations.

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