

PRIVACY POLICY AND CONFIDENTIALITY PRACTICES

PURPOSE OF THIS FORM:

The purpose of this notice is to describe how client health information may be used and disclosed, how you can access your child's health information and how the privacy of your child's health information is important to us.

THE LEARNING FOUNTAIN PRIVACY POLICY:

We are required by federal and state law to maintain the privacy of your child's health information. We are also required to give you this NOTICE about our privacy policies and practices, our legal duties, and your rights concerning your child's health information. This NOTICE will remain in effect until we replace it. We reserve the right to change our organization's privacy policies and practices and the terms of this NOTICE at any time, as permitted by federal and state law. If significant changes are made, the new NOTICE will be available upon request and will be posted at our site.

You may request a copy of our NOTICE at any time.

In order to maintain the privacy of all client information, no one should enter the office unless accompanied by clinic personnel. Family members should be in shared treatment rooms only when accompanying their child.

YOUR PATIENT RIGHTS:

You have the right to access your child's health information. You can request to view it and/or have us make photocopies (for a cost) of the information you desire. All requests for access to your child's health information must be in writing. In certain specific circumstances we may deny your request. If your request is denied we will notify you the reason in writing.

You have the right to request that we amend your child's health information. All requests to amend your child's health information must be in writing including an explanation of why you want the record amended. We may deny your request if the information is the information was not created by us (e.g. report from another professional), is not part of the protected health information we keep, or is determined by us to be accurate and complete. If we deny the requested amendment, we will notify you in writing how to submit a statement of disagreement or complaint that can become a part of your child's record.

You have the right to request additional restrictions regarding our use or disclosure of your child's health information. All requests for additional restrictions to your health information must be in writing and kept in the patient's file. We may deny your request under certain circumstances. The law allows us to disclose information without your authorization in response to a court order, subpoena, warrant, or similar process including certain health oversight agencies to report about victims of abuse, neglect, or domestic violence, or public health activities.

You have the right to request that we communicate or send health information to you at an alternate address or by alternate means (e.g. only by phone or in person). All requests for alternative communication regarding your child's health information must be in writing and specify which location or method you want your child's health information communicated by our personnel.

You have the right to a written accounting of the instances in which our agency or our business associates disclosed your child's health information for purposes other than treatment, payment or our agency's operations for records. The list will NOT include disclosures made for national security purposes or to law enforcement personnel.

USES AND DISCLOSURES OF HEALTH INFORMATION:

We use and disclose health information about your child for treatment, payment, and healthcare operations. With your permission, we may use or disclose your child's health information to other healthcare providers involved in your child's care (i.e. pediatrician, speech therapist, psychologist). We may use or disclose your child's health information to assist you to obtain payment for the services we provide you. This may include but is not limited to, evaluation reports, treatment notes or other documentation required by your payment source. We may use or disclose your child's health information as it relates to our healthcare operations. This may include agency operations such as performance or quality improvement activities, training programs (including staff and students), accreditation, certification, licensing or credentialing activities, reviewing the competence or qualifications of our healthcare professionals, and evaluating staff performance.

We may use or disclose your child's health information to other businesses that assist or support our business such as computer technology assistance, accounting, and/or healthcare staff. To protect your child's healthcare information, we require our business associates to appropriately safeguard your information.

We may use or disclose your child's health information when we are required to do so by law if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence, or other crimes. We may use or disclose your child's health information to prevent a serious threat to your child's safety or health or the safety and health of others (i.e. reporting a communicable disease). We may use or disclose your child's health information to provide you with an appointment reminder by telephone message, voicemail, email or letter. We may use your information for other purposes with your written authorization. You may revoke this authorization at any time with a written request. Revoking your authorization will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your child's health information for any reason except those described in this notice without your written authorization.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made regarding access to your child's health information you may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your child's health information.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES AND PRACTICES

I, _____, have received a copy of the Learning Fountain's notice of Privacy Policies and
(Please Print)

Practices and authorize use and disclosure of my child's health information as described above.

NAME OF PATIENT: _____

SIGNATURE: _____ DATE: _____

(Parent or Legal Guardian of minor)

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Patient Copy

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COPY OF THE LEARNING FOUNTAIN'S PRIVACY POLICY