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Buford, GA 30518  
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## **PEACH STATE PEDIATRIC THERAPY INC. PRIVACY NOTICE**

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

**Please review it carefully**

**Effective Date 4/14/03**

Any questions pertaining to this notice should be directed to Peach State Pediatric Therapy Inc. Privacy Officer at (678) 524-3451.

### **Who will follow this notice.**

This notice describes Peach State Pediatric Therapy Inc.'s practices and that of:

Any health care professional authorized to enter information into your chart

Any member of a volunteer group we allow to help you while you are in the care of Peach State Pediatric Therapy Inc.

All employees, staff, and other Peach State Pediatric Therapy Inc. personnel.

### **Our pledge regarding medical information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from Peach State Pediatric Therapy Inc. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The Law requires us to:

Make sure that medical information that identifies you is kept private.

Give this notice of your legal duties and privacy practices with respect to medical information about you

Follow the terms of the notice that is currently in effect.

### **How we may use and disclose medical information about you.**

The following categories describe different ways that we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other medical personnel who are involved in your care. For example, referral information is taken from the patient, patient family, service coordinator, or physician office and this information will be given to the treating therapist.

**For Payment:** We may use and disclose medical information about you so that the treatment and service you receive at Peach State pediatric Therapy Inc. may be billed to and payment may be collected from you, an insurance company, or third party. For example, we submit requests for

payment to your insurance company. Payment for your healthcare services may include certain activities that your healthcare insurance plan may undertake before it approves or pays for healthcare services we will render. This may include determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**For Healthcare Operations:** We may use and disclose medical information about you for Peach State Pediatric Therapy Inc. operations. These uses and discloses are necessary to run Peach State Pediatric Therapy Inc. and make sure that all of our patients receive quality care. For example, we obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, transcription services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:** We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

**Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for Peach State Pediatric Therapy Inc. and its operations. If you do not want us to contact you for fundraising efforts, you must notify the privacy officer in writing.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who help pay for your care.

**Research:** Under certain circumstances, we may use and disclose your health information for research purposes.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **SPECIAL SITUATIONS**

### **Organ and Tissue Donation:**

If you are an organ donor, we may release medical information to

organizations that handle organ procurement or organ, eye, tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue or tissue donation and transplantation.

**Public Health Risks:** As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse and Neglect:** We may use and disclose medical information to public authorities as allowed by law to report abuse or neglect.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official for such things as court order, or in cases involving felony prosecutions, or the extent an individual is in the custody of law enforcement.

**Website:** If we maintain a website that provides information about our entity, this notice will be posted on the website.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by requesting it in writing.

**Right to an Accounting of Disclosures:** You have the right to request an “Accounting of Disclosures”. This is a list of disclosures we made of medical information about you.

**Right to Request Restrictions:** You have the right to request in writing a restriction or limitation on medical information we may use or disclose about you for treatment, payment, or health operations. Peach State Pediatric Therapy Inc. is not required to agree to a request that is made.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example using a certain telephone number or by mail. We are not required to follow your request but will make every reasonable effort to do so, or find a mutually satisfactory alternative.

**Right to a Paper Copy:** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. To request a paper copy please contact the office at Peach State Pediatric Therapy Inc.

**PEACH STATE PEDIATRIC THERAPY INC. RIGHT TO DENY ACCESS TO YOUR PROTECTED HEALTH INFORMATION**

Peach State Pediatric Therapy Inc. may deny access to your protected health information if a licensed health care provider determines that releasing it could endanger you or someone else; your protected health information refers to a third party and releasing it could harm that person; or providing access to a personal representative could harm you or another person. If you have been denied access based on the above circumstance you may appeal that decision. Under certain circumstance Peach State Pediatric Therapy Inc. may deny your request for access to your protected health information without giving you an opportunity to appeal that decision.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will have the new notice accessible at our office. You have the right to request this notice at any time by contacting the privacy officer at (770) 904-6419.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a written complaint with Peach State Pediatric Therapy Inc. or with the Department of Health and Human Services.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.