



### **Notice of Patient Information Practices**

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

#### **ALLCARE THERAPY SERVICES Legal Duty**

ALLCARE THERAPY SERVICES is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

#### **Uses and disclaimers of Health Information**

ALLCARE THERAPY SERVICES uses your personal information primarily for treatment, obtaining payment for treatment, conduction internal administrative activities, and evaluating the quality of care that we provide. For example ALLCARE THERAPY SERVICES may use your personal health information to contact you to provide appointment reminders or information regarding treatment alternatives or other health related benefits that could be of interest to you.

ALLCARE THERAPY SERVICES may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for research studies or emergencies. We also will provide personal health information when required by law.

In any other situations, ALLCARE THERAPY SERVICES' policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

ALLCARE THERAPY SERVICES may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our facility. You may also request an updated copy of our Notice of Information Practices at any time.

#### **Patient's Individual Rights**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclosed your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, we required by law or in emergency circumstances. ALLCARE THERAPY SERVICES will consider all such requests on a case-by-case basis but the company is not legally required to accept them.

#### **Concerns and Complaints**

If you are concerned that ALLCARE THERAPY SERVICES may have violated your privacy rights or if you disagree any decisions we have made regarding access or disclosure of your personal health information please contact our HIPPA Compliance Office. You may also send them a written complaint to the US Department of Health and Human Services.

## **Acknowledgement – Notice of Patient Information Practices (HIPAA)**

I hereby acknowledge receipt of ALLCARE THERAPY SERVICES, LLC Notice of Patient Information Practices.

This notice of Patient information Practices provides detailed information about how the practice may use and disclose my confidential health information.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_