



Notice of Privacy Practices

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

If you have any questions about this notice, please contact: **Susan Garner, Privacy Officer**

This notice of privacy practices describes how we may use and disclose protected health information to carry out treatment, payment, or healthcare operations. It also describes your rights to access and control of your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you, that relates to your past, present, or future physical or mental health and related healthcare services.

Access Therapies, Inc. is required to abide by the terms of this notice of privacy practices. We may change our notice at any time. The new notice will be effective for all protected health information. Upon your request, we will provide you with any revised notice of privacy practices. By requesting a copy in writing, a revised copy will be given to you within thirty days.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: You will be asked by our office to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment, and healthcare operations by signing the consent form, Access Therapies, Inc. will use and disclose your protected health information as described below. Your protected health information may be used and disclosed by our therapists, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected healthcare information may be used to pay your healthcare bills.

The following are examples of the types of uses and disclosures of your protected healthcare information that our office is permitted to make once you have signed our consent form. These are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

TREATMENT: We will use and disclose your protected healthcare information to provide and coordinate your care and any related service. This includes coordination or management of your care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to any health agency that provides care to you. We will also disclose protected health information to a physician who is or will be treating you.

PAYMENT: When needed, we will disclose your protected health information to obtain payment for services. This may include disclosures to your health insurer to get approval for your recommended therapy, to determine whether you are eligible for benefits, to determine whether a particular service is covered under your health plan, and when required, for utilization reviewed activities.

HEALTHCARE OPERATIONS: Access Therapies, Inc. may use or disclose your protected health information for management or administration of the clinic or practice. Healthcare operations may include: (1) quality control and improvement activities (2) staff review and training (3) certification, licensing, and credentialing activities (4) healthcare audits by third party payor (5) calling your name for regularly scheduled appointment (6) contacting you to remind you of an appointment (7) newsletters about our clinic and the services we offer

We will share your protected healthcare information with third party "business associates" including billing services for the practice. As required through your written consent, we will disclose protected healthcare information to other agencies including but not limited to BabyNet, early intervention programs, and schools.

OTHER USE OF DISCLOSURES THAT MAY BE MADE WITHOUT WRITTEN CONSENT: We may disclose your protected health information in the following situations without your authorization: (1) when legally required with federal, state or local laws (2) when there is a risk to public health such as (a) to prevent disease or injury (b) notification of a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease (3) to report abuse, neglect, or domestic violence (4) legal proceedings which are in response to a court order (5) for law enforcement purposes to (a) report physical injuries (b) court ordered warrant, subpoena, or summons (c) need to report a crime in emergency situations

OTHER USES OF DISCLOSURES THAT MAY BE MADE WITH AN OPPORTUNITY TO OBJECT: The practice may disclose protected health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care. If you do not object to these disclosures, Access Therapies Inc, will infer that you do not object, and in its professional judgement that it is in your best interest to disclose information. Uses and disclosures provided by you other than the circumstances described above, Access Therapies, Inc. will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time.

II. YOUR RIGHTS

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION. You may inspect and obtain a copy of your protected health record that is contained in a designated record set for as long as we maintain the protected health information. A designated record set is medical and billing records and any other records that the clinic uses to provide services to you. The clinic may deny your request to inspect or copy protected health information if it is determined that the access requested is likely to endanger the safety of a person or cause substantial harm to a person referred to in the information. You have the right to request a review of this decision. You may not inspect or copy certain records by law including information compiled for civil, criminal, or administrative action or proceeding and protected health information that is subject to a law that prohibits access to protected health information. You must submit a written request to Access Therapies, Inc. You may be charged a fee for the cost of copying, mailing or other cost incurred to comply with your request.

YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION, You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. Your request must be in writing and clearly state the restrictions and to whom you want the restrictions to apply.

YOU HAVE THE RIGHT TO AMEND YOUR PROTECTED HEALTH INFORMATION, During the time the clinic maintains you protected health information you may request an amendment of your information be added to your record set. Request for amendment must be submitted in writing to Access Therapies, Inc. Your request must supply a reason to support the requested amendment. The clinic may deny your request in some instances. In this case you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with copies of such rebuttal.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, You have the right to request an accounting of the clinic's disclosures of your protected health information made for purposes other than treatment, payment, or health care operations as described in this notice. It excludes notification we have made to you, for a directory to friends and family involved in your care, to individuals or agencies which you authorized by signing a release from, and certain other disclosures the practice is permitted to make without your authorization. The request of accounting must be made to our clinic in writing and should state the time period for which you wish the accounting for disclosures to take place. The clinic will not charge you for the first request of any 12 month period. Subsequent accounting may require a reasonable fee.

You have the right to a paper copy of this notice.

III. CONTACTS

The clinic's contact person regarding our duties and your rights under the HIPPA regulations is the Privacy Officer.

Complaints to the clinic should be directed to the Privacy Officer at the following address:

Susan Garner
109A Chelle-Lin Drive, Gaffney, SC 29341

The Privacy Officer can be contacted by telephone at: 864-466-2602

I, _____, acknowledge that I have read Access Therapies, Inc. Notice regarding Privacy of Personal Health Information.

Signature Date _____

109A Chelle-Lin Drive, Gaffney, SC 29341 PHONE: 864.838.0768 FAX: 864.752.1072