



NOTICE OF PRIVACY POLICIES AND PRACTICES

Effective Date: June 1, 2013

The Pediatric Therapy Center of Bucks County, LLC is committed to protecting our patients' privacy. The confidentiality of our patients is of greatest concern to our therapists and employees alike. This notice details how our practice collects, handles and protects personal information about our patients. This policy will be distributed to all patients. We will review this policy on an annual basis and monitor our compliance with this policy. Should it be necessary to revise this policy more often due to circumstances, we will do so in a timely fashion.

Information we collect and maintain:

We collect non-public personal information about:

- Diagnosis
- Past medical history
- Family and social history
- History of present illness/complaint
- Review of systems
- Medications and allergies
- Insurance information
- Patient demographics

How we protect your information:

Our staff is trained to adhere to the following privacy measures with regards to Protected Health Information (PHI):

There are only four (4) reasons why an employee needs to access a patient's chart or information:

1. Treatment or care of the patient
2. Process billing for services
3. Medical Records Request



HIPAA Continued

4. Contacting you regarding programs and services as designated by the President of the Pediatric Therapy Center of Bucks County, LLC

Patient medical information is located in a password-protected, encrypted medical web-based software.

Computer display terminals return to a screensaver when the operator leaves a station. Entry into the system is password protected. Passwords are not shared.

Confidential patient information is not placed anywhere but in the patient's electronic chart. Any papers are scanned into the password-protected electronic chart are shredded.

Appointment schedules are not posted in public areas.

Employees will not discuss any patient in a public area. We will not make inquiries or disclose patient information to anyone other than the child's guardians or the referring physician without written permission. By choosing to use your insurance for payment, you acknowledge that medical information pertaining to a claim may be shared with the insurance company for the purpose of completing a claim.

Information we may disclose and purpose:

Except as outlined above, no PHI will be released without proper written consent from the patient or parent or guardian of a minor unless in the case of a medical emergency.



HIPAA Continued

Occasions for release of information:

- To the referring physician at initial evaluation, re-evaluation, discharge or for continued authorization for services
- Insurance claim submission or adjustment
- Insurance audit
- Patient request
- Legal – Attorney request or subpoena

Patient's rights:

Our patients have the following right to privacy and respect regarding the personal information:

- The right to discuss protected health information with the providing therapist in a private area.
- The right to access and copy health records with reasonable notice.
- The right to request amendment or correction.
- The right to specify how confidential information is communicated.
- The right to request restriction on how health information is disclosed or used.
- The right to file a complaint if they believe that our safeguards and procedures have not been followed. Any privacy issue complaints should be directed to the President of the Pediatric Therapy Center of Bucks County, LLC. If satisfaction is not received, the patient may notify the Department of Health and Human Services.



HIPAA Continued

I have had to opportunity to review the HIPAA Policies of the Pediatric Therapy Center of Bucks County, LLC and have been offered a copy for my records.

Child's Name

Parent or Guardian Signature

Date