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## **NOTICE OF PRIVACY PRACTICES**

**This Notice is effective October 15, 2010**

**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**

### **WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOUR CHILD**

We are required by law to protect the privacy of medical information about your child that identifies your child. This medical information may be information about health care we provide to your child or payment for health care provided to your child. It may also be information about your child's past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your child's medical information. We are legally required to follow the terms of this Notice. We are only allowed to use and disclose medical information in the manner we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (910) 755-KIDS to obtain a copy of the current Notice).
- Post the new Notice on our website [www.creativehandsot.com](http://www.creativehandsot.com).

The rest of this Notice will:

- Discuss how we may use and disclose medical information about your child.
- Explain your rights with respect to medical information about your child.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact our Privacy Officer at (910) 755-KIDS.

# **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOUR CHILD IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about your child in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about your child. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (910) 755-KIDS.

## **1. Treatment**

We may use and disclose medical information about your child to provide occupational therapy treatment to your child. In other words, we may use and disclose medical information about your child to provide, coordinate, or manage your child's health care and related services. This may include communicating with other health care providers regarding your child's treatment and coordinating and managing your child's health care with others.

## **2. Payment**

We may use and disclose medical information about your child to obtain payment for occupational therapy treatment that your child received. This means that we may use medical information about your child to arrange for payment (such as documentation to support requests for payment). We also may disclose medical information about your child to others. In some instances, we may disclose medical information about your child to an insurance company before your child receives occupational therapy treatment, because we may want to know whether the insurance plan will pay.

## **3. Healthcare Operations**

We may use and disclose medical information about your child in performing a variety of business activities that we call "health care operations". These "health care operations" activities allow us to improve the quality of care we provide and reduce health care costs. We may use or disclose medical information about your child in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of your child.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to your child and our other patients.
- Improving health care and lowering costs for groups of children who have similar health problems and helping manage and coordinate the care for these groups of children.
- Cooperating with outside organizations that assess the quality of care others and we provide, including governmental agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

## **4. Persons Involved in Your Child's Care**

We may disclose medical information about your child to a relative, close personal friend, or any other person you identify if that person is involved in your child's care and the information is relevant to your child's care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. For more information on the privacy of a minor's information, contact our Privacy Officer at (910) 755-KIDS.

We may also use or disclose medical information about your child to a relative, another person involved in your child's care, or possibly to a disaster relief organization (such as the Red Cross) if we need to notify someone about your child's location or condition.

You may ask us at any time not to disclose information about your child to persons involved in your child's care. We will agree to your request and not disclose information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

## 5. Required by Law

We will use and disclose medical information about your child whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and all other applicable laws.

## 6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose information about your child without your permission for various activities that are recognized as “national priorities”. The government has determined that under certain circumstances, it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s parent’s or guardian’s permission. We will only disclose medical information about your child in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at 755-KIDS or 329-4444.

- **Threat to health or safety:** We may use or disclose medical information about your child if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about your child for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if your child has been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect, or domestic violence:** We may disclose medical information about your child to a government authority (such as the Department of Social Services), if we reasonably believe that your child may be a victim of abuse, neglect, or domestic violence.
- **Health oversight activities:** We may disclose medical information about your child to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information for use while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about your child to a court or to an officer of the court (such as an attorney). For example, we may disclose medical information about your child to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about your child to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about your child to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about your child to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about your child in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose medical information about your child to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about your child for certain government functions, including, but not limited to, military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about your child to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses and disclosures described above, we will not use or disclose medical information about your child without your written authorization. In some instances, we may wish to use or disclose medical information about your child and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization. If you would like to authorize the disclosure of health information on your child, you may send us a letter requesting disclosure or fill out an **Authorization for Disclosure of Health Information Form**.

If you sign a written authorization allowing us to disclose medical information about your child, you may later revoke your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out a **Revocation of Authorization for Disclosure of Health Information**. Revocation of Authorization for Disclosure of Health Information Forms are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

# YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOUR CHILD

You have several rights with respect to medical information about your child. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at (910) 755-KIDS.

## 1. Right to a Copy of This Notice

You have a right to a paper copy of our Notice of Privacy Protection at any time. In addition, a copy of this Notice will always be posted in our waiting area and on our website [www.creativehandsot.com](http://www.creativehandsot.com). If you would like to have a copy of this Notice, ask the receptionist for a copy or contact our Privacy Officer at (910) 755-KIDS.

## 2. Right of Access to Inspect and Copy

You have a right to review and receive a copy of medical information about your child that we maintain in certain groups of records. If you would like to inspect or receive a copy of medical information about your child, you must provide us with a request in writing. You may write a letter requesting access or fill out a **Medical Information Access Request Form**. Medical Information Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the rights to have our decision reviewed by another person.

If you would like a copy of the medical information about your child, we will charge you a fee to cover the costs of the copy.

We may be able to provide you a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

## 3. Right to Have Medical Information Amended

You have the right to have us amend medical information about your child that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting the amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny the amendment request and we will share your statement whenever we disclose the information in the future.

## 4. Right to an Accounting of Disclosures Made

You have the right to receive an accounting of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out a **Request for Accounting of Medical Information Disclosures Form**, or contact our Privacy Officer. Request for Accounting of Medical Information Disclosures Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

## 5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about your child for treatment, payment, and health care operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

- Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purposes of carrying out treatment); and
- The medical information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

**6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write a letter to us or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

## **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe that your child's privacy rights have been violated or if you are dissatisfied with our privacy practices or procedures, you may file a written complaint with either us or with the federal government.

**We will not take any action against your child or change our treatment of your child in any way if you file a complaint.**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

58 Physicians Drive, Suite 106  
Supply, NC 28462624 U.S. Highway 17 S

624 U.S. Highway 17 S  
Holly Ridge, NC 28445

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: (800) 368-1019

TDD Toll-Free: (800) 537-7697

Website: <http://hhs.gov/ocr/privacy/hipaa/complaints/index.html>

E-Mail: OCRMail@hhs.gov