

NEURODEVELOPMENTAL THERAPY SERVICES

NOTICE OF PRIVACY POLICIES AND PROCEDURES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Introduction

At Neurodevelopmental Therapy Services we are committed to treating and using protected health information (PHI) about you responsibly. We are required by law to give you this notice. This notice describes information about privacy practices followed by our healthcare professionals, employees and staff who are authorized to enter information into our clinic records and/or have access to these records. It also describes your rights as they are related to your PHI.

Understanding Your Health Record/Information

Each time you visit Neurodevelopmental Therapy Services, a record of your visit is made. Typically, this record contains your diagnosis, treatment and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care, treatment and services
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify services billed were actually provided
- A tool in educating health professionals
- A source of data for planning and marketing
- A tool with which we can access and continually work to improve the care we render and the outcome we achieve

Your Rights Regarding Health Information About You

Although your medical record is the physical property of Neurodevelopmental Therapy Services, the information belongs to you. You have a right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or alternative locations
- Request a restriction of certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information, except to the extent action has already been taken

Our Responsibility

Neurodevelopmental Therapy Services is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

How We May Disclose Health Information About You

The Following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information fall within one of the categories.

For Treatment – We may disclose health information about you to therapists, assistants and/or technicians or other clinical personnel who are involved in taking care of you at our facility. For example, information may be shared should your primary therapist not be available and you are treated by an associate. We may also disclose health information about you to people outside the clinic who may be involved in your medical care after you leave our facility, i.e., physician who orders services.

For Payment – We may use and disclose health information about you so that treatment and services you receive may be billed to and payment may be collected from you or your insurance company. For example, we may need to give your health plan information about services that we performed so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations – We may use and disclose health information about you in order to run our facility and to make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Treatment Alternatives – We may tell you about or recommend possible treatment options or alternatives that may interest you.

Health Related Products and Services – We may tell you about health related products or services that may be of interest to you.

Required By Law – We will disclose health information about you when required by federal, state or local law.

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

Law Enforcement – We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards, and we are potentially endangering one or more clients, workers or the public.

Changes To This Notice

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. All changes will be updated and posted in our offices.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

For More Information Or To Report A Problem

If you would like to submit a complaint about our private policies, you may submit a letter outlining your comments and/or concerns to:

Attn: Privacy Officer
Neurodevelopmental Therapy Services
4423 Shadowdale
Houston, TX 77041
713-466-6872

If you believe your privacy rights have been violated, you can file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. The address for the OCR is listed below:

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

This notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.