



CLIENT COPY

Children's Therapy Connections

kidsconnectnow@gmail.com ~ ph. 708-226-9200

NOTICE OF PRIVACY PRACTICES PLEASE REVIEW CAREFULLY

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

1. Children's Therapy Connections is permitted to make use and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - For treatment - We may share with your physician copies of your treatment plan or evaluation to update him/her on your progress or for his/her approval or recommendations.
 - For payment - We may send information to your health insurance plan for them to review and determine level of coverage for therapy services.
 - For health care operations - We may access your health information for purposes of quality improvement within our facility.
2. Children's Therapy Connections is permitted or required under specific circumstances to use or disclose protected health information without the individual's written authorization.
3. Other uses and disclosures will be made only with the Individual's written authorization and the individual may revoke such authorization.
4. Children's Therapy Connections intends to engage in one or more of the following activities:
 - Children's Therapy Connections may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
 - A group health plan or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.
5. The Individual has the following rights regarding protected health information:
 - The right to request restrictions on certain uses and disclosures of protected health information. Children's Therapy Connections is not required to agree to a requested restriction, however,
 - The right to receive confidential communications of protected health information, as applicable.
 - The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - The right to amend protected health information, as provided in the Privacy Regulation.
 - The right to receive an accounting of disclosures of protected health information.
 - The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. Children's Therapy Connections is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy Practices with respect to protected health information.
7. Children's Therapy Connections is required to abide by the terms of the Notice currently in effect.

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14711 Ravinia Ave. Orland Park, IL 60462 ~ childrenstherapyconnections.com



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8. Children's Therapy Connections reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.

9. Children's Therapy Connections will provide individuals or patients with a revised Notice by posting a notice in a central location in the Children's Therapy Connections waiting area.

10. Children's Therapy Connections contact person for matters relating to complaints is:

Kate Holdt
708-226-9200
14711 Ravinia Ave.
Orland Park, IL 60462

11. This Notice is first in effect September 1, 2013.

12. Children's Therapy Connections, elects to limit the uses or disclosures that is permitted to make as follows: Children's Therapy Connections, is committed to limiting the disclosure of PHI (protected health information) only to the degree necessary for the purposes of treatment, payment and healthcare operations.