



## Notice of Privacy Policies for Coastside Pediatric Therapy Center

*This notice describes how information about you may be used and disclosed and how you can get access to this information.*

### **Introduction**

At Coastside Pediatric Therapy Center (CPTC) we are committed to treating and using protected health information about your child responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. This Notice is effective 4/14/03 and applies to all protected health information as defined by federal regulation.

### **Understanding Your Health Record/ Information**

Each time you visit CPTC, a record of your visit is made. Typically, this record contains your child's symptoms, clinical evaluations, test results, treatment, and plan for future sessions. This information serves as a:

- I. Basis for planning our care and treatment
  - II. Means of communication among other health care professionals
  - III. Legal document describing the care you received
  - IV. Means by which a third-party payer can verify that services billed were provided
  - V. A tool in educating health professionals
  - VI. A source of data for medical research
  - VII. A source of information for public health officials
  - VIII. A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we give.

### **Your Health Information Rights**

Although your child's health record is the physical property of CPTC, the information belongs to you. You have the right by federal privacy standards to:

- I. Obtain a paper copy of this notice of information practices upon request,
- II. Inspect and copy your health record,
- III. Amend or submit corrections to your health record,
- IV. Obtain an accounting of how and to whom your health information has been disclosed,
- V. Request communication of your health information confidentially,
- VI. Request restrictions on the use and disclosure of our protected health information.



## **Our Responsibilities**

CPTC is required by law to maintain the privacy of your child's protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

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 have received a written revocation of the authorization according to the procedures included in the authorization.

## **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the practices' Privacy Officer at 650-560-9470.

If you believe your privacy rights have been violated, you can file a complaint with the practices' Privacy Officer, or the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

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

## **Examples of Disclosures for Treatment, Payment and Health Operations**

- I. Treatment plans may be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
- II. Your health care plan may request and receive information on dates of service, the services provided, and the medical condition being treated.
- III. Information on the services may be used to evaluate and promote quality care here at CPTC.
- IV. We are required to report certain communicable diseases to the state's public health department.
- V. We are required by law to share information with law enforcement agencies.

## **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.



**Required Authorization**

Unless required by law to disclose information to law enforcement and / or government agencies, this clinic will only disclose information given a specific written authorization by you. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

