



Soulshine Pediatric Therapy LLC
Johns Island, SC, Phone: 843-730-1552, Fax: 843-429-6740

Notice of Patient Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS VERY IMPORTANT TO US.

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are by law required to maintain the confidentiality of health information that identifies you and to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By Federal and State Law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We may use and disclose your PHI in the following ways:

- 1. Treatment:** Many of the people who work for our practice – including but not limited to our therapists, may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose your PHI to other healthcare providers for purposes related to your treatment.
- 2. Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits). We may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations:** Our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. Appointment Reminders
5. Treatment options or alternatives
6. Health-related benefits and services
- 7. Release of Information to family/friends:** Our practice may release your PHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter allow therapy in their home or daycare. In this example, the babysitter may have access to this child's medical information.
- 8. Disclosures required by law:** Our practice will use and disclose your PHI when we are required to do so by Federal, State or Local law.

Use and disclosure of your PHI in certain special circumstances:

1. **Public health risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of reporting child abuse or neglect, preventing or controlling disease or disability, notifying a person regarding potential exposure to a communicable disease, or notifying a person regarding a potential risk for spreading or contracting a disease or condition.
2. **Lawsuits and similar proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding.
3. **Research:** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes.
4. **Serious threats to health or safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

Your rights regarding your PHI:

1. **Confidential communications:** You have the right to request that our practice communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work.
2. **Requesting restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends.
3. **Inspection and copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records.
4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice.
5. **Right to a paper copy of this notice:** You may ask us to give you a copy of this notice at any time.
6. **Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.
7. **Right to provide authorization for other uses and disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

If you have any questions or complaints regarding this notice or our health information privacy policies, please contact the address or phone number at the top of this notice.