



Phone (850) 348-1899

Fax (850) 396-6207

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## **HIPAA Notice of Privacy Practices**

Effective January 1, 2021

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use your child's Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health services. It states with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside our system except when the release is required or authorized by law or regulation.

### **Uses and Disclosures of Protected Health Information:**

Your Protected Health Information (PHI) may be used and disclosed by your therapist, physician, our office staff, and any independent health care professional who may provide services at our office and is authorized to enter information into your medical record that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, and to support the operation of the therapist's practices, and any other use required by law.

Our responsibility regarding protected health information required by law is as follows:

- Make sure that your child's PHI is kept private.
- Give you notice of our legal duties and privacy practices related to the use and disclosures of your child's protected health information (PHI).
- Follow the terms of the notice currently in affect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about your child as well as any information we receive in the future.

**Treatment:**

360 Therapy, LLC works with several agencies and referral sources. Your child's health information will be shared in the following manner:

- We will use and disclose your child's PHI to provide, coordinate or manage your child's health care and any related services. This includes disclosure to your physician or other health care professionals who become involved in your care.
- Within our office for administrative activities, quality assessment, oversight and peer review.
- With our billing personnel and as necessary to obtain payment for your health care services.
- With your insurance company or other payers as required for payment.
- With the referring agency and case manager.
- With any other provider, school or agency with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.

**Required by Law:**

- We may use or disclose your child's PHI if law or regulation requires the use or disclosure. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight:**

- We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Legal Proceedings:**

- We may disclose PHI during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request or other lawful process.

**Parental Access:**

- We may disclose your child's PHI to parents, guardians and persons acting in similar legal status.

**Payment:**

- Your PHI will be used, as needed to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care services delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

**Health Care Operations:**

360 Therapy, LLC may use and disclose, as needed, your protected health information in order to support the business activities of this office.

- 360 Therapy, LLC may use and disclose health information to leave you a message or send a letter regarding an appointment or to ask you to call regarding your child's care or your account. We will use the contact information that you provide to our office. Unless there is a written agreement with 360 Therapy, LLC to handle these matters differently.
- 360 Therapy, LLC may disclose medical information about your child to individuals involved in your child's medical care such as; friend, family member and/or daycare provider, unless you object. You can object to these disclosures by notifying 360 Therapy, LLC staff member, that you do not wish any or all individuals involved in your child's care to receive medical information. If you are not present or cannot agree or object, 360 Therapy, LLC will use our professional judgement to decide whether it is in the child's best interest to disclose relevant information to someone who is involved in your child's care.

**Your Rights:**

- You have the right to inspect and obtain a copy of your child's protected health information (PHI). However, you may not inspect or obtain a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of or use in, a civil, criminal or administrative action or proceeding and PHI that is subjected by law that prohibits access to PHI.
- You have the right to submit a written request of restriction of your PHI. This request will be honored if we mutually agree this restriction will not harm your child.
- You may submit a written request that we provide you with an accounting of disclosures we have made of your child's PHI. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices.
- If you believe the information we have regarding your child is incorrect or incomplete, you may request an amendment to your child's PHI as long as we are responsible for and maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

**Questions or Complaints:**

If you have any questions or concerns about this notice, please contact the Privacy Officer (850) 348-1899. If you feel your rights have been violated by our office you may file a written complaint with this office or with the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

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