

**TOTAL POSS-ABILITIES, PLLC
NOTICE OF PRIVACY PRACTICES**

Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about your child (as a patient of this practice) may be used and disclosed and how you the legal guardian can get access to your child's individually identifiable health information.

Please review this notice carefully.

A. Our commitment to your privacy:

TOTAL POSS-ABILITIES, PLLC dedicated to maintaining the privacy of your child's individually identifiable health information (also called *protected health information*, or PHI). In conducting our business, we will create records regarding your child and the treatment and services we provide. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law 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 reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact:

TOTAL POSS-ABILITIES, PLLC
2917 NW 156th St.
Edmond, OK 73013
Shannon Roberson, MOTR/L, Owner
(405) 607-4440

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

- 1. Treatment.** Our practice may use your child's PHI to treat him/her. For example, we may ask you to provide copies of evaluations completed by other professional disciplines to assist in treatment planning. TOTAL POSS-ABILITIES may use or disclose your PHI in order to treat you or to assist others on our staff in your treatment. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment upon your written authorization.
- 2. Payment.** TOTAL POSS-ABILITIES, PLLC may use and disclose your child's 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), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
- 3. Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our 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.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- 5. Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your child's care, or who assists in taking care of your child. For example, a parent or guardian may ask that a baby sitter take their child to the therapy session. In this example, the baby sitter may have access to this child's medical information.
- 6. 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.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

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, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,

2. Health oversight activities. Our practice may disclose your child's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. 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.

4. Serious threats to health or safety. Our practice may use and disclose your child's PHI when necessary to reduce or prevent a serious threat to your child's health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that our practice communicate with you about your child's 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 work. If you provide TOTAL POSS-ABILITIES with an email account, you are authorizing any correspondence including PHI through such media. In order to request a type of confidential communication, you must make a written request to TOTAL POSS-ABILITIES, PLLC at (405) 607-4440 specifying the requested method of contact.

2. Requesting restrictions. You have the right to request a restriction in our use or disclosure of your child's PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of the PHI to only certain individuals involved in your child's care or the payment for his/her care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **TOTAL POSS-ABILITIES, PLLC.** Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Copies of Medical Records. You have the right to obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to **TOTAL POSS-ABILITIES, PLLC** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

5. 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. To file a complaint with our practice, contact **Shannon Roberson at TOTAL POSS-ABILITIES, PLLC.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

6. Right to provide an 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 child's care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **TOTAL POSS-ABILITIES, PLLC at (405) 607-4440**