



## NOTICE OF PRIVACY PRACTICES

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*Effective: 08/27/2021*

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

Please review it carefully.

### **Who will follow this notice?**

Making Waves Pediatric Therapy Clinic provides health care to our clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any health-care professional who treats you in the clinic or at home.
- All departments of our organization, including Occupational and Speech Therapy.
- All employed associates, staff or volunteers of our organization.

### **Our pledge to you**

We understand that medical information about your child is personal. We are committed to protecting medical information about your child. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- keep medical information about you private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect.

### **Changes to this Notice**

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at [www.makingwavesptc.com](http://www.makingwavesptc.com). You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time you register at our facility for treatment. You may also be asked to acknowledge in writing your receipt of this notice.

### **How we may use and disclose medical information about you . . .**

We may use and disclose medical information about your child for treatment (such as sending medical information about you to a specialist as part of a referral); or, to obtain payment for treatment (such as sending billing information to your insurance company).

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, required abuse or neglect reporting, and emergencies.

We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.

### **Other Uses of Medical Information**

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about your child. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. This will not apply to information already released or information related to treatment, payment, operations or disclosures required by law.

### **Your Rights Regarding Medical Information About You**

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your child's care, when you submit a written request.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the records by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.

If this notice was sent to you electronically, you have the right to a paper copy of this notice.

You have the right to request that medical information about your child be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

### **Complaints**

If you are concerned that your child's privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). Under no circumstance will you be penalized or retaliated against for filing a complaint.

Haley McCabe  
Making Waves Pediatric Therapy Clinic  
817-910-8131

You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address.