



*FOR KIDS*

*phone 919-363-5000*  
*fax 919-363-5346*  
*2920 Ridgepine Drive*  
*Apex, NC 27502*

*[www.dynamictherapyforkids.com](http://www.dynamictherapyforkids.com)*

## ***NOTICE OF PRIVACY PRACTICES***

This notice describes how health information about you or your child may be used and disclosed and how you can get access to this information.

All information that is provided during the evaluation and treatment process is considered confidential by the employees and volunteers at Dynamic Therapy For Kids. The disclosure of protected health information will be governed by the state and federal laws.

### **CHANGES TO NOTICE**

Dynamic Therapy For Kids reserves the right to change this notice and the privacy practices described below at any time in accordance with the applicable laws. Clients will be notified of these changes prior to the implementation. Written information regarding the revised practice changes will be available upon request. You may request a copy of our notice at any time.

### **PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION**

Exchange and use of protected health information between Dynamic Therapy For Kids for the purpose of treatment, payment or healthcare operations will be permitted. Examples: The therapist and therapist's supervisor may discuss the client's progress. Your therapist will submit billing information, which will be process by the office staff..

Disclosure of protected health information outside of Dynamic Therapy For Kids is permitted when you sign a written authorization. Any authorization for disclosure may be revoked at any time by notifying Dynamic Therapy For Kids in writing. The revocation will not affect any use of disclosures permitted by your initial authorization while it was in effect.

You have the right to request restriction of the disclosure of your health information, except when Dynamic Therapy For Kids is required to do so. Under the following specific conditions, disclosure of information outside of Dynamic Therapy For Kids is permitted and /or required by law without your specific authorization.

- When there is a medical emergency involving the client's health or safety
- When Dynamic Therapy For Kids is required by law to report instances of neglect or abuse of a child.
- When Dynamic Therapy For Kids is required by law to disclose physician information due to an accident which would cause health risk to the other persons
- When Dynamic Therapy For Kids authorizes research for the purpose of program planning and evaluation of services through the use of statistical information that cannot be linked to any individual.

- When Dynamic Therapy For Kids is required by law in response to judicial proceedings and law enforcement inquiries.

Dynamic Therapy For Kids will not use your protected health information for marketing communications without your written authorization.

### **PATIENT RIGHTS**

You also have other rights related to the use and disclosure of protected health information. Upon providing a written request you have;

- The right to request that your record be designated as “secure” file
- The right to inspect and request a copy of your records
- The right to request amendment of your record
- The right to receive an account of disclosures that have occurred with your record

If you request a copy of your records, there will be a charge of .25 cents per page plus the postage if you want the information mailed to you. The information will be made available to you within 30 days.

Each disclosure of protected health information will be documented on the record. Dynamic Therapy For Kids will make every effort to secure any identifying information that is transmitted outside the organization.

Dynamic Therapy For Kids reserves the right to change this notice and to make the new notice effective for all protected health information that is maintained in hard copy or electronic format. Revisions to the NOTICE OF PRIVACY PRACTICES will be made available to all clients upon request.

### **QUESTIONS AND COMPLAINTS**

Dynamic Therapy For Kids recognizes the importance of confidentiality, and your right to be fully informed of all regulations regarding protected health information. If you feel that your privacy rights have been violated, please contact our office at 919-363-5000 or mail to 2920 Ridgepine Dr. Apex NC, 27502 Or you may contact the US Secretary of Health and Human Services.

Provisions of services will not be affected by the filing of any complaint.

Patient Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_