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## Notice of Privacy Practices

**Effective June 1, 2022**

This notice describes how medical information about you/your child may be used and disclosed, and how you can get access to this information. Please review it carefully. A government rule requires that you receive a copy of this privacy notice. This rule is called Health Insurance Portability Act, or HIPPA. Read this notice at any time to see how your health information can be used and who can see it.

**Beehive Therapy is required by law to keep your health information safe. This information may include:**

- Notes from your doctor, teacher, or other health care provider
- Your medical history
- Your test results
- Treatment notes
- Insurance information

We may use or share your health information without your permission for:

- **Treatment.** We may share information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of our treatment with that doctor.
- **Payment.** We may use and share information about the treatment you receive with your insurance company to receive payment for services. We may share information to get the insurance companies permission to start treatment, approve more treatment, and/or get paid for the treatment you receive.
- **Health care operations.** We may use or share your health information to run the clinic and make sure all patients receive quality care. For example, we may use your health information to compare to other clinics, help others study health care services, see how well our services are working, and make our services better.

Your health information may also be used or shared without your permission for:

- **Abuse and neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Scheduling and billing.** We can use your information to remind you of upcoming appointments or schedule changes, as well as billing reminders and insurance issues. Information may be sent via email or text. Message and data rates may apply, and message frequency may vary. You can opt out or get more information by contacting Lynley at [lynley@beehivepediatrictherapy.com](mailto:lynley@beehivepediatrictherapy.com).



Mobile phone information or opt-in data collected will not be shared, sold, or disclosed to third parties or affiliates for marketing purposes.

- **As required by law.** We will share your information when told to do so by federal, state or local law. We will also share information if asked by the police or courts.
- **Information about a person who has died.** We may share information with the coroner, medical examiner, or a funeral director as needed.
- **Public health risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the FDA and to report diseases and infections.
- **Regulatory oversight.** We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will only be shared for projects that have passed IRB.
- **Threats to health and safety.** Your health information may be shared if it is believed that it will prevent a threat to your health and safety, or the health and safety of others.

When your permission is needed to use or share your health information, you must give us permission for any situation not listed above. You will be asked to sign a release of information to allow us to share your information. You are allowed to revoke authorization at any time. We will be unable to get the information back that was previously shared with your permission.

**Your Privacy Rights-** you have the right to:

- **Ask us to not share your information for treatment, payment, or health care operations.** You can also ask us not to share information with people involved in your child's care, like family members and friends. You must ask for limits in writing. I must share information when required by law. I do not have to agree to what you ask.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, only call and not text, or call only at work and not home. You must ask in writing. We will do what we can to do as you ask.
- **Look at and copy your health information.** You have the right to see your/your child's health information and get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, or copyrighted materials such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you believe is wrong, or add information that is missing. You must ask in writing and give a reason for the change. We do not have to make the change.
- **Get a report of how and when your information was used or shared.** This must be done in writing. You must tell us the dates you are asking about and whether you want paper or electronic copies. You may get information going back 6 years.



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- **Get a paper copy of this privacy notice at any time.** You can get a copy even if you have already signed the form stating dates you are asking about and whether you want paper or electronic copies. You may get information going back 6 years.
  - **File a complaint.** You may file a complaint with our company or with the government if you think that your information was used or shared in a way that was not allowed, you were not allowed to look at or copy your information, or if any of your rights were denied.

The people that must follow this notice are all speech-language pathologists, occupational therapists, physical therapists, assistants, staff and volunteers who may help or are working at the clinic. Complaints may be filed in writing with the regional office of the United States Office of Civil Rights. Let us know if you have any questions.

I acknowledge that I have received Beehive Therapy's Privacy Notice.

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**Parent / Guardian Name**

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**Date:**

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**Parent / Guardian Signature**

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**Childs Name**