

CASCADE CHILDREN'S THERAPY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

OUR PLEDGE REGARDING PERSONAL INFORMATION:

We understand that information about your child and his/ her health care is personal. At Cascade Children's Therapy, we are committed to protecting the confidentiality of the financial and health information about your child, which we refer to as your child's "personal information." We create a record of the care and services your child receives from us. We need this record to provide your child with quality care, and to comply with certain legal requirements.

This Notice of Privacy Practices applies to all of the records of your child's care generated by this health care practice, whether made by your therapists or others working in this office. This notice will tell you about the ways in which we may use and disclose personal information about your child. We also describe your rights to the personal information we keep about your child, and describe certain obligations we have regarding the use and disclosure of that personal information.

We are required by law to:

- make sure that personal information that identifies your child is kept private;
- give you this notice of our legal duties and privacy practices with respect to personal information about your child and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PERSONAL INFORMATION ABOUT YOUR CHILD.

For Treatment. We may use personal information about your child to provide him/ her with health care treatment or services. We may disclose personal information about your child to doctors, nurses, therapists, health students, teachers, or other personnel who are involved in taking care of your child. They may work at our offices, or at another health care or educational agency, where your child receives services.

For Payment: We may use and disclose personal information about your child so that the treatment and services he/ she receives from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your child's office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a

treatment your child is going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose personal information about your child for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use personal information to review our treatment and services, or to evaluate the performance of our staff in caring for you. We may also combine personal information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, and to see where we can make improvements.

As Required by Law. We will disclose personal information about your child when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose personal information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks. We may disclose personal information about your child for public health activities. These activities generally include the following:

- to prevent or control disease, injury of disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

Health Oversight Activities. We may disclose personal information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose personal information about your child in response to a court or administrative order. We may also disclose personal information about your child in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release personal information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility

YOUR RIGHTS REGARDING PERSONAL INFORMATION ABOUT YOUR CHILD.

You have the following rights regarding personal information we maintain about your child:

Right to Inspect and Copy: You have the right to inspect and copy personal information that may be used to make decisions about your child's care. Usually, this includes health and billing records.

To inspect and copy personal information that may be used to make decisions about your child, you must submit your request in writing to Melissa Barrett, Office Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to personal health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that personal information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. Your request must be made in writing, submitted to Melissa Barrett, Office Manager, and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us
- is not part of the health information kept by or for our practice.
- is not part of the information which you would be permitted to inspect and copy
- is accurate and complete.

Any amendment we make to your child's health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures. You have the right to request a list accounting for any disclosures of your personal information we have made, except for uses and disclosures for treatment, payment and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to Melissa Barrett, Office Manager. Your request must state a time period which may not be longer than six years and may not include dates before September 5, 2002. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list, but this date will not exceed a total of 60 days from the date you made the request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the personal information we use or disclose about your child for treatment, payment, or health care operations. You also have the right to request a limit on the personal information we disclose about your child to someone who is involved in your child's care or the payment for your child's care, such as a family member or friend.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide your child. If we do agree, we will comply with your request. To request a restriction, you must make your request in writing to Melissa Barrett, Office Manager. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to request confidential communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to Melissa Barrett, Office Manager, specifying how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

OTHER USES OF PERSONAL INFORMATION.

Other uses and disclosures of personal information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose personal information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no

longer use or disclose personal information about your child for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to your child.

CHANGES TO THIS NOTICE

Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you that we maintain. If we make changes to our privacy practices, we will provide you with a copy of the revised Notice. We will also post the revised Notice on our web site.

ELECTRONIC NOTICE

If you receive this Notice on our web site or by e-mail, you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below.

FILING A COMPLAINT

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

CONTACT INFORMATION

You may exercise any of your rights described in the Notice, or ask any questions about this Notice, by contacting Melissa Barrett, Office Manager at:

Contact Office: Cascade Children's Therapy
16030 Bothell-Everett Hwy. Suite 140
Mill Creek, WA 98012

Telephone: (425) 338-9005

The effective date of this Notice is April 14, 2003. It will remain in effect until we replace it.