

PlayWrite Therapy

HIPAA Notice of Privacy Practices Statement

This notice describes how protected health information about your child may be used and disclosed and how you can get access to information. Please review it carefully.

“Protected Health Information” (PHI) is information about your child that can reasonably be used to identify your child and that relates to their past, present, or future physical or mental health or condition, the provision of health care, or the payment for care.

Federal and state laws require us to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your child’s protected health information. We must follow the terms of this notice while it is in effect. Some of the uses and disclosures described in this notice may be limited in certain cases by applicable state laws that are more stringent than federal standards. We reserve the right to change our privacy policies and practices and the terms of this Notice at any time, as permitted by federal and state law. If significant changes are made, the new Notice will be available upon request and posted on site.

How We Collect and use Information About Your Child: PlayWrite Therapy, and its therapists, staff, and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of referral and consent forms that is either required by law, or necessary to process referrals or other requests for services through our organization.

What We Do Not Do With Your Information: Information about your child’s medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to referral forms or outside agency reports, or directly or indirectly given to us, is held in strictest confidence.

We do not disseminate any information about clients who apply for or actually receive our services that is considered confidential patient information, as restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture, simply do not click on any of our outside affiliate links.

USES & DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways we use and disclose medical information. For each category of uses or disclosures there will be some examples.

- **Treatment:** With your permission, we may use and disclose your child’s protected health information to other healthcare providers involved in your child’s care.
- **Payment:** We may use and disclose your child’s protected health information, with your consent, in order to assist you in obtaining payment for the services we provide. This may include, but is not limited to evaluation and progress reports, treatment notes, or other documentation required by your payment source.
- **Healthcare Operations:** We may use and disclose your child’s protected health information in order to perform various operational activities. This may include training programs, accreditation, certification, or credentialing activities.
- **Health Oversight Activities:** We may use or disclose health information to a health oversight agency for activities authorized law. These oversight activities include 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.

- **Business Associates:** We may use or disclose your child's protected health information to other businesses that assist or support our business, such as facility maintenance, computer technology assistance, accounting, or healthcare staff. We require our business associates to appropriately safeguard your child's protected health information.
- **Required by law:** We may use or disclose your child's protected health information when we are required to do so by law.
- **Public Health Activities:** We may use or disclose your child's protected health information to public health agencies to prevent a serious threat to your child's safety or health or to the safety and health of others (for example reporting a communicable disease).
- **Abuse/Neglect:** We may use and disclose your child's protected health information to appropriate government agencies if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence, or other crimes.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about your child in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery requests, or other lawful process to someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- **Law Enforcement:** We may disclose your child's protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.
- **Appointment reminders:** We may use or disclose your child's health information to provide you with an appointment reminder.
- **Your Authorization:** In addition to our use and disclosures listed above, we may use your child's protected health information for other purposes with your written authorization. You may revoke this authorization at any time with a written request. Revoking your authorization will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your child's health information for any reason except those described in this Notice without your written authorization.

Patient/Client Rights

You have certain rights regarding protected health information we obtain about your child.

- **Access to Your Child's Protected Health information:** You have the right to access your child's health information. You can request to view it and/or have us make photocopies of the information you desire. All requests for access to your child's health information must be in writing.
- **Amend Your Child's Protected Health Information:** You have a right to request that we amend your child's health information. All requests to amend your child's health information must be in writing including an explanation of why you want the record amended. We may deny your request if the record was not created by us, is not part of the protected health information we keep, or it is determined by us to be accurate and complete.
- **Restrict your Child's Protected Health Information:** You have a right to request additional restrictions regarding our use or disclosure of your child's health information. All requests for additional restrictions to health information must be in writing. Your request must include:
 - What information you want to limit
 - Whether you want to limit how we use or disclose your information
 - To whom you want the restrictions to apply

We may deny your request under certain circumstances. The law allows us to disclose information without your authorization in response to the following:

- A court order, subpoena, or warrant
- Health oversight agencies
- Report about victims abuse, neglect, or domestic violence
- Public health activities

- **Accounting of Disclosures:** You have the right to request an accounting of disclosures we have made of your protected health information. This list will not include disclosures made for national security purposes or to law enforcement personnel.
- **Alternative Communication:** You have the right to request that we communicate or send health information to you at an alternate address or by alternate means. All requests for alternative communication regarding your child's health information must be in writing and specify which location or method you want your child's protected health information communicated.
- **Paper Copy of this Notice:** You have a right to request a paper copy of this notice at any time. You may obtain a copy of this notice on our website at: www.playwrite.org

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of PlayWrite Therapy. We reserve the right to use non-identifying information about our clients (those who receive services from or through us) for purposes that are directly related to our mission. No identifying information (photos, addresses, phone numbers, contact information, or names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

FOR MORE INFORMATION OR TO FILE A COMPLAINT

If you want more information about our privacy practices or have any questions or concerns, please contact us. We support your right to the privacy of your child's protected health information.

If you are concerned that your child's privacy has been violated, you may file a complaint with our Privacy Officer or with the US Department of Health and Human Services. We can provide you with the address upon request. *We will not retaliate or penalize you in any way if you file a complaint.*

PlayWrite Therapy Privacy Officer:

Rebecca Hendricks, MA, OTR/L

PlayWrite Therapy

585 8th Avenue

San Francisco, CA 94118

Telephone: (415) 713-1003

PlayWrite Therapy

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of PlayWrite Therapy's Notice of Privacy Practices.

Child's name

Signature of Parent/Guardian

Date

Relationship to Child

For Office Use Only:

Client was offered the PlayWrite Therapy Notice of Privacy Practices, but written acknowledgement of receipt was not signed because:

- Client refused to sign
 - Other: _____
- _____