



Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you access this information. Please review the notice carefully and contact us if you have any questions or concerns regarding our privacy practices.

PATIENT RIGHTS

Access: You have the right to view and request copies of your health information with limited exceptions. You have access to your electronic medical record through the client portal, managed by a third party, which is available to all clients but optional to participate. If you request paper copies, we will charge you a reasonable fee to locate and copy your information and postage if you want the copies mailed to you.

Amendment: You have the right to request that we amend your health information that you believe is incorrect or incomplete. We may say “no” to your request, but we will inform you in writing.

Confidential Communications: You have the right to ask us to contact you in a specific way and we will say “yes” to all reasonable requests.

Disclose: You may provide written authorization for us to disclose your protected health information with whomever you choose. You may ask us not to share certain health information; however, we are not required to agree to your request and we may say “no” if it would affect your care.

Guardian: If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has this authority and can act for you before we take action.

Privacy Notice: You can ask for a paper copy of this notice at any time. We will provide it promptly at no cost to you.

Violation: If you feel we have violated your privacy rights or you disagree with a decision we made about access, amendment, or communication to your health information, you may complain by contacting us. You may also file a complaint with the US Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will not use or share your information other than as described here unless you tell us we can in writing and you may change your mind at any time. We can change the terms and will provide you a copy upon request.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

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USE AND DISCLOSURE OF HEALTH INFORMATION

We use and disclose health information about your child for treatment, payment, and healthcare operations.

Appointment Reminders: We may use your health information to provide you with appointment reminders such as voicemail messages, text messages, emails, or letters.

Electronic Medical/Health Records: We may use or disclose your health information in an electronic medical/health record system in order to maintain treatment notes and records, bill for services, collect reimbursement, communicate with other providers, and provide you with documentation. You may also choose to receive appointment reminders via text or email.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations to run our practice, improve your care, and contact you when necessary. We may use and disclose your information to qualify assessment, improve activities, review competence or qualification of healthcare professionals, evaluate practitioner and provider performance, conduct training programs, and apply or maintain accreditation, certification, licensing, or credentialing services.

Marketing: We will not use your health information for marketing communications without your written authorization.

Payment: We may use and disclose your health information to obtain authorization and payment for services we provide to you from insurance carriers, health plans, or other entities. If you pay for services out of pocket in full, you can ask us not to share that information for the purposes of payment or operations with your health insurer.

Public Safety: We may disclose your health information to appropriate authorities when we suspect abuse, neglect, or domestic violence. We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, or preventing or reducing a serious threat to anyone's health or safety.

Required by Law: We may use or disclose your health information when we are required to do so by law or national security activities.

Treatment: We will use or disclose your health information to your referring physician, primary care physician, other healthcare provider providing treatment to you, or to others you approve.

QUESTIONS/COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us:

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