

Patient Copy



Patient Notification of Privacy Policies (HIPAA Authorization)

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate and disclose and make use of personal information. The following outlines our privacy policy.

1. Fox Therapy Center will collect and use of personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.
2. Fox Therapy Center and its employees are authorized to use or disclose pertinent health information that is required for speech-language therapy purposes.
3. Confidential information is stored in a secure location away from public access. All computers and PDA's containing confidential information are only accessed by password.
4. Fox Therapy Center is authorized to disclose pertinent health information to insurance companies or referring physicians for the purposes of requesting doctor's orders, authorization for service, or to obtain reimbursement for services. Information may be sent via first class mail or fax with procedures in place to limit the likelihood of unauthorized access. The data sent will be documented by the responsible office personal.
5. Fox Therapy Center may disclose protected health information considered pertinent to speech-language therapy to specified professionals (i.e. social workers, teachers, psychologists, physicians, therapists, etc.) with a signed release form from parent or guardian.
6. **Duty to Report Adult or Child Abuse, Neglect or Exploitation:** By law, Speech Fox Therapy and its employees have a duty to report to the Virginia Department of Social Services or the local departments of social services any known or suspected incidences of abuse, neglect, or exploitation of children or elderly and incapacitated adults.
7. **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
8. **Public Safety:** Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.
9. **In the Event of a Client's Death:** In the event of a client's death, the spouse or parents of a deceased client have a right to access heir child or spouse's records
10. When payment for services is the responsibility of the client, or a person who has agreed to provide payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time frame, and the name of the clinic or collection source. Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, summaries or copies of the entire clinical record. Only the minimally acceptable amount of information will be released to accommodate such requests.
11. Any complaints can be directed to the General Manager of Fox Therapy Center.

Your Rights

- You have the right to request to review or receive your medical files. If your request is denied, you will receive a written explanation of the denial. The parents or legal guardian must request records. The charge for this service is \$.25 per page, plus postage.
- You have the right to cancel a release of information by providing Fox Therapy Center with a written notice.
- You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.
- You have the right to request that information about you be communicated by other means or to another location.
- You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.
- You have the right to know what information in your record has been provided to whom.
- You have the right to request a copy of this notice.
- The parent/guardian may revoke this authorization by notifying Fox Therapy Center in writing of my desire to revoke it. However, any action already completed prior to the request to revoke this authorization cannot be reversed, and my revocation will not affect those actions.