



Privacy Notice

Your Privacy Rights

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Big Sky Pediatric 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
- intake form
- your evaluation scores and results
- treatment notes
- insurance information

A government rule requires that you get a copy of this privacy notice. This rule is called the Health Insurance Portability and Accountability Act, or HIPAA for short. We will ask you to sign a paper saying that you have been given this notice. Read this notice at any time to see how your health information can be used and who can see it.

How Your Health Information May be Used or Shared

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

- **Treatment.** We may share information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, occupational or physical therapy we will share the results of our evaluation with that doctor.
- **Payment.** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share information to:
 - get the insurance company's permission to start treatment
 - get permission for more treatment
 - get paid for the treatment you receive
- **Health Care Operations.** We may use and share your health information to run the clinic and make sure all patients receive the best care. For example, we may use your health information to:
 - see how effective our treatment has been
 - 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.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, by text message or by phone call/voicemail message. If you do not wish to get reminders, please tell our front desk staff.

- **As Required by Law.** We will share your information when we are required to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.
- **Information about a Person Who Has Died.** We may share information with the coroner, medical examiner, or a funeral director, as needed.
- **Marketing.** We may use your information to let you know of other services that might be of interest to you.
- **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 Food and Drug Administration 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 been through a special approval process. These projects have rules to protect your privacy, too.

Who is Covered by This Notice

The people that must follow the rules in this notice are:

- All therapists, administrative and scheduling teams working at Big Sky Pediatric Therapy
- Anyone who is allowed to add health information to your file, including students and other staff
- Any volunteers who may help you while you are in this clinic
- Any parent/and or guardian participating in their child's therapy session(s).
 - Please be advised that other therapy sessions may be occurring in the same vicinity and we require that all patient privacy be respected. There are private rooms available for treatment and sensitive conversations upon request.

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information we already have in your file and any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something wrong with your information. You can complain to your regional office of the United States Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing. You will not be penalized for filing a complaint.

Contacts

If you have any questions about this notice or your privacy rights or would like a copy of this document for your files, please ask your therapist, administrative team or contact Caren Arnold at caren.arnold@bigskyfriends.com (512)306-8007 ext. 204

Patient Name _____

Parent/Guardian Signature _____

Relationship to Child _____

Date Signed _____