



Mary-Kay Davidson-Taylor, MS OTR/L • Pediatric Occupational Therapist • Director, Kidz Therapy, LLC • (703) 862-6557  
3508 Fort Hill Drive Alexandria, VA 22310  
kidztherapy@icloud.com

## HIPPA POLICY NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. *Please review it carefully and keep a copy for your own records. Please SIGN the HIPPA Policy Notice of Privacy Practices Acknowledgement at the end of this notice and return it to Kidz Therapy, LLC. Thank you.***

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information, to notify affected individuals following a breach of unsecured protected health information, and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPPA provides penalties for covered entities that misuse personal health information.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to enable us to meet our professional and legal obligations to operate this medical practice properly, and to you, upon your request, to obtain reimbursement for services provided to you by us. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer, Mary-Kay Davidson-Taylor at 703-862-6557.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Treatment means providing, coordinating, or managing health care and related services, by one or more health care providers. Examples of this would include an evaluation or treatment session.

Payment means such activities as assisting you obtaining reimbursement for services already paid for by you to Kidz Therapy. *However*, Kidz Therapy, LLC does not bill insurance companies. All services are



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paid by parent or guardian on the day of service. Any filing for insurance reimbursement is done by the insured directly to the insurance company at the discretion of the insured. A statement of services with dates, rate, ICD-10 and CPT coding, and length of service will be provided to the parent/guardian monthly.

Health care operations include the business aspects of running our practice, such as:

- conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review;
- create and distribute de-identified health information by removing all references to individually identifiable information. We may disclose information to students for educational purposes. We may remove information that identifies you from this set of health information to protect your privacy;
- contact you to remind you that you have an appointment;
- assess your satisfaction with our services;
- tell you about possible treatment alternatives;
- tell you about treatment alternatives to other health-related benefits or services that may be of interest to you;
- leave messages on your answering machine or voice mail regarding primary appointment reminders;
- as required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Any other uses and disclosures will be made only with your written authorization and at your request. An example of this would be written or oral recommendations, notes, etc. provided to your child's teacher(s) or other health care providers in order to affect a team approach to helping your child. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.





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You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer listed above:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to inspect and copy your protected health information. Your child's health record is the physical property of the healthcare practitioner or facility that compiled it.

The right to amend your protected health information. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our facility. Any request for an amendment must be sent in writing to the Facility Privacy Official.

The right to request confidential communications and that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

The right to obtain a paper copy of this notice from us upon request.

This notice is effective as of January 1, 2017 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.



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Please contact the following for more information:

The US Department of Health and Human Services Office of Civil Rights  
200 Independence Avenue, SW  
Washington, DC 20201

(202) 619-0257  
Toll Free: 1-877-696-6775

### [HIPPA POLICY NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT](#)

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Provide treatment and services
- Conduct healthcare operations such as assess my care, outcomes, and quality assessments
- Coordinate team approach services with my written authorization
- Support for my personal reimbursement from my insurance company for services paid to Kidz Therapy, LLC understanding that Kidz Therapy, LLC does not bill insurance companies

I have received, read, and understand your *Notice of Privacy Practices* containing a more complete description of my rights and the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, coordination of care, support for insurance reimbursement, or health care operations. I also understand that this organization is not required to agree to my requested restrictions, but if the organization does agree then it is bound to abide by such restrictions.

Patient Name: \_\_\_\_\_

Relationship to Patient (if a minor): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_