



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, _____, acknowledge that I have been offered a copy of the Notice of Privacy Practices for WE Play/Sensawee Play, LLC. I also acknowledge that I am aware of its public location within the office should I choose to access the document.

Parents Signature

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Childs Name: _____

Relationship to child: _____

FOR OFFICE USE ONLY

I attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtains because:

- Individual refused to sign
- Communications barriers prohibited the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify) _____



THIS FORM WILL BE RETAINED IN YOUR MEDICAL RECORDS

NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to Sensawee Play. We will maintain the privacy of your health information and I will not disclose your information to other unless you tell me to do so, or unless the law authorizes or requires me to so.

A new federal law commonly known as HIPPA requires that I take additional steps to keep you informed about how I may use information that is gathered in order to provide health care services to you. As part of this sign the attached written acknowledgement that you receive a copy of the Notice., This Notice describes how I may use and disclose your protected health information or carry out treatment, payment or other health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information I maintain about. **Please review it carefully.**

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this notice about my privacy practices, legal obligations, and your rights concerning information in your health record that could identify you: Protected Health Information (PHI). I must follow the privacy practices that are described in the notice; they may be amended.

I. USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

- A. Permissible Uses and Disclosures Without Your Written Authorization: We may use and disclose PHI without your written authorization for certain purposes described below. The examples provided, are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.
1. Treatment: We may use and disclose PHI in order to provide treatment to you. For example, We may use PHI to diagnose and provider counseling services to you. In addition, We may disclose PHI to other health care providers involved in you treatment.
 2. Payment: I may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. For example, I may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services.
 3. Health Care Operations: We may use and disclose PHI in connection with our health care options, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.
 4. Require or Permitted by law: I may use or disclose PHI when we am required or permitted to do so by law. For example, I may disclose PHI to appropriate authorities if I reasonable believe that you are a possible victim of abuse, neglect, domestic violence, and other crimes. In addition I may close PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosure permitted or required by law include the following: disclosures for public health activities; health oversight activities including the disclosure to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.
- B. Uses and Disclosures You Written Authorization
1. Occupational Therapy Notes: Notes recorder by your clinician documenting the contents of a counseling session with you will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.
 2. Marketing Communications: We will not use your health information for marketing communication without your written authorization.
 3. Other Uses and Disclosures: Uses and disclosures other than those described in Section I.A. above will only be made with your written authorization. For example, you will need to sign and authorization form before I can send PHI to your life insurance company, to a school, or to an attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. Right to Inspect and Copy: You may request access to your medical records and billing records maintained by me in order to inspect and request copies. All request for access must be made in writing. Under limited circumstances we may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. If you are a parent or legal guardian of a minor please note that certain options of the minor's medical record will not be accessible to you.
- B. Right to Alternative Communications: You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of the communication or at alternative locations.
- C. Right to request Restrictions: You have the right to request a request a restriction any such restriction in writing addressed to the Privacy Officer (Sensawee Play). I am not required to agree to any such restriction you may request.
- D. Right to Accounting of Disclosure: Upon written request, you may obtain an accounting of certain disclosures of PHI made by us after January 1, 2012. This right applies to disclosure for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. Right to Request Amendment: You have the right to request that I I amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.
- F. Right to Obtain Notice: You have the right to obtain a paper copy of this Notice by submitting a request under certain circumstances.
- G. Questions and Complaints: If you desire further information about your privacy rights, or are concerned that I have violated your privacy officer. You may contact the privacy officer. You may also file written complaints with the Director, Officer for Civil Rights of the U.S Department of Health and Human Services. I will not retaliate against Sensawee Play if Sensawee Play file a complaint with the Director or with the privacy officer.

III. EFFECTIVE DATES AND CHANGES TO THIS NOTICE

- A. Effective Date: This notice is effective on January 1, 2012
- B. Changes to this Notice: I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. I I change this Notice I will post the revised notice in my office. You may also obtain any revised notice by contacting the Privacy Officer.