

Therapy Innovations



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POLICY PACKET

Our goal is to maintain a good therapist-patient relationship. Letting you know in advance of our office policies allows for a good flow of communication and enables us to achieve our goal. Please read over our policies carefully, and if you have any questions, please do not hesitate to ask a member of our team.

This packet contains: (1) Notice of Privacy Practices, (2) Therapy Services Agreement, (3) Student Participation Agreement, and (4) Assistant Authorization to Treat

1. NOTICE OF PRIVACY PRACTICES *Effective April 14, 2003*

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your child's protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your child's protected health information and your privacy rights. The delivery of your child's health care services will in no way be conditioned upon your signed acknowledgment.

Who Will Follow this Notice

- All physicians, licensed health care personnel, employees, staff and other office personnel.
- Any independent health care professional who may provide services at our office and is authorized to enter information into your medical record.
- All students or trainees.
- Any persons or companies with whom Therapy Innovations, Inc contracts for services to help operate our practice and who have access to our patients' medical information.

Our Responsibility Regarding Protected Health Information

Your child's 'protected health information' is individually identifiable health information. This includes demographics such as age, address, email address, and relates to your child's past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your child's protected health information is kept private
- Give you this notice of our legal duties and privacy practices related to the use and disclosures of your child's protected health information,
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about

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your child as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the phone number at the top of this notice.

Our System

Therapy Innovations, Inc. works with several agencies and referral sources. Your child's health information will be shared in the following manner:

- Treatment
 - We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. This includes disclosure to your physician or other health care providers who becomes involved in your care.
 - Within our office for administrative activities, quality assessment, oversight and peer review.
 - With our billing personnel and as necessary to obtain payment for your health care services.
 - With your insurance company or other payers as required for payment.
 - With the referring agency and case manager.
 - With any other provider, school or agency with your written request. You may request written or verbal information sharing in writing. Your request should include a specified period of time for information sharing.
- Required by Law
 - We may use or disclose your child's protected health information if law or regulation requires the use or disclosure. We will notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
- Health Oversight
 - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Legal Proceedings
 - We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- Parental Access
 - We may disclose your child's protected information to parents, guardians and persons acting in similar legal status.

For Health Care Operations Therapy Innovations, Inc.'s staff and business associates may use and disclose medical information about you to operate this office. For example, Therapy Innovations, Inc. may use medical information to review treatment and services or to evaluate the qualifications and performance of therapists in caring for you. Therapy Innovations, Inc. may also disclose information to licensing authorities or offices who evaluate qualifications and review care to determine if Therapy Innovations, Inc. and its therapists can be licensed, credentialed, certified or approved under a health plan or to treat patients at a particular facility. Therapy Innovations, Inc. may contract with other professionals or companies, such as medical record transcription services, consultants, financial advisors or legal counsel, to help us run the practice and who have agreed to follow our Notice of Privacy Practices.

- Contacting You
 - Unless Therapy Innovations, Inc. has agreed in writing to your written request to handle these matters differently, Therapy Innovations, Inc. may use and disclose medical information to leave you a message or send you a letter concerning an appointment or to ask you to call concerning your child's care or your child's account. Therapy Innovations, Inc. will use the contact information that you provide.
- Individuals Involved in Your Care

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o Therapy Innovations, Inc. may disclose medical information about your child to a friend or family member who is involved in your child's medical care, unless you object. You can object to these disclosures by notifying Therapy Innovations, Inc. that you do not wish any or all individuals involved in your child's care to receive this information. If you are not present or cannot agree or object, Therapy Innovations, Inc. will use our professional judgment to decide whether it is in your child's best interest to disclose relevant information to someone who is involved in your child's care.

- Research

o Under certain circumstances, Therapy Innovations, Inc. may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received treatment to those who received another for the same condition. Therapy Innovations, Inc. will obtain your written consent if the researchers will know who your child is. Medical information about your child that has had all identifying information removed may be used for research without your consent.

Uses and Disclosures of Protected Health Information Requiring Your Permission

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your child's protected health information. Since some of our therapies are provided in your home or other natural environments, those present during the session, including friends, family, or day care providers may hear health information regarding your child. Please notify our office in writing if you do not want your child's protected health information to be discussed. If your child receives therapy at our office the therapist may discretely share your child's progress in the waiting room in front of other patients. If you wish to have your child's progress shared in the treatment room, please notify our office in writing.

Your Rights Regarding Your Child's Health Information

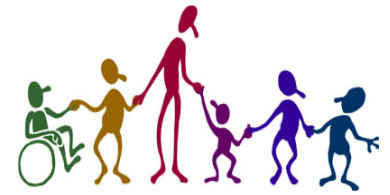
You may exercise the following rights by submitting a written request to the Therapy Innovations, Inc office.

- You may inspect and obtain a copy of your child's protected health information that we keep as a part of medical and billing records.
- You may ask us not to use or disclose any part of your child's health information for treatment, payment, or health care operations. Your request must be made in writing. This request will be honored if we mutually agree that the restriction will not harm your child.
- You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.
- If you believe that the information we have about your child is incorrect or incomplete, you may request an amendment to your child's protected health information as long as we are responsible for and maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.
- You may request that we provide you with an accounting of the disclosures we have made of your child's protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. This disclosure must have been made after April 14, 2003, and no more than six years from the date of request. This right excludes disclosures made to you or authorized by you, to family members or friends involved in your child's care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Federal Privacy Laws

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act and the Privacy Act. These laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your child's protected information.

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Changes to the Notice of Privacy Practices

Therapy Innovations, Inc reserves the right to change this notice. Therapy Innovations, Inc reserves the right to make the revised or changed notice effective for medical information already held about you as well as any information received in the future. Therapy Innovations, Inc will post a copy of the current notice in the office. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

Questions and Complaints

If you have any questions about this notice, or you wish to file a complaint, please contact a team member in management at the appropriate office. To notify our office in writing please use the addresses on the front of this packet. If you have a complaint about your privacy rights, you may file a written complaint with this office or with the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

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2. THERAPY SERVICES AGREEMENT

If you need to cancel because of illness or another pressing commitment, please call your therapist to let them know in advance. If you cancel your child's appointments often, your child's status will be reviewed to determine if we will be discharging them from services for lack of attendance. We realize that life can be very hectic and that you often have multiple appointments to maintain. If circumstances are making it difficult for you to attend regularly, we may need to find another appointment time, decrease your child's frequency, or put your child on hold until therapy can be made a number one priority. If a vacation or surgical procedure will cause your child to miss more than two weeks in a row they may need to be placed on hold so that another child may utilize that time.

If you miss your appointment without calling to cancel, it is considered a No Show.

- 1st No Show – you will receive a call from your therapist and receive a “No Show” letter
- 3^d No Show – your child will be discharged from Therapy Innovations

Please be aware that our therapists are required to enforce these policies.

3. STUDENT PARTICIPATION AGREEMENT

Therapy Innovations, Inc. strives to provide quality treatment services for your child. Part of providing quality treatment is supervising students in direct delivery of speech-language, occupational and physical therapy services. Their participation during treatment sessions prepare them for the workplace.

We are currently affiliated with colleges and universities around the area for practicum placements. We would like your permission to allow the students direct supervised contact during your child's therapy sessions. All students will sign a confidentiality agreement indicating they will keep the information they encounter at Therapy Innovations in the strictest of confidence.

In the event a licensed therapist is not available to supervise the treatment of your child, the student will still provide services that will not be billed to your insurance. Please feel free to ask any questions regarding this policy.

4. THERAPY ASSISTANTS AUTHORIZATION TO TREAT

Therapy Innovations Inc. employees trained and skilled “therapy assistants” to provide therapy services to our clients. All assistants are directly supervised by a licensed therapist, with the evaluating therapist for your child establishing the treatment plan and then instructing/guiding the assistant on how to implement the treatment goals

North Carolina has many approved programs to train therapy assistants in order to help them do their jobs. Just as dentists have assistants, SLP's, OT's, and PT's have assistants as well. The supervising therapist may opt to occasionally sit in on a treatment session to observe progress and make changes to treatment plans when needed.

All assistants must pass a competency test. Assistants can perform screening tests, provide therapy following a written plan established by the licensed therapist, help with scheduling/ordering supplies/filing, and help with research activities. Assistants cannot administer diagnostic tests or interpret results, write or change the treatment plan established by the licensed therapist, counsel patients and families on disorders, or provide treatment without having access to a supervisor.

If you have any questions or concerns regarding your child's progress in treatment, you should contact the supervising therapist or a member of our administrative team. We appreciate any feedback you may have about this process.

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SIGNATURE PAGE

Please read and initial by the appropriate statements.

_____ I have reviewed a copy of the “**Notice of Privacy Practices**” (*Effective April 14, 2003*) from the office of Therapy Innovations Inc. I understand if I would like to request a change from these practices, I will contact Therapy Innovations Inc. in writing at the above address.

_____ I give permission to Therapy Innovations Inc. to evaluate and provide treatment as needed.

_____ I agree to the “**Therapy Services Agreement**”.

_____ I agree to the “**Student Participation Agreement**”.

_____ I give permission for my child to be treated by a therapy assistant under supervision of a licensed supervising therapist.

Print Child’s Name

Print Parent/Guardian Name

Parent/Guardian Signature

Date