



## Notice of Privacy Practices

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.

Pediatric Therapy Studio, LLC is committed to obtaining, maintaining, using and disclosing your protected health information ("PHI") in a manner that protects your privacy. We urge you to read this Notice of Privacy Practices (this "Notice"), effectively updated January 1, 2015, carefully in order to understand both our commitment to the privacy of your child's PHI and your rights.

Pediatric Therapy Studio, LLC is required by law to maintain the privacy of your child's PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. PHI is information about your child, including basic demographic information, that may identify your child and that relates to your child's past, present or future physical or mental health condition, treatment, or payment for health services. This Notice describes how we may use and disclose your child's PHI to carry out treatment, payment or health care operations, and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your child's PHI.

Pediatric Therapy Studio, LLC reserves the right to amend this Notice from time to time. When material changes are made, Pediatric Therapy Studio, LLC will promptly post the updated Notice on the Pediatric Therapy Studio website at [www.pediatrictherapystudio.com](http://www.pediatrictherapystudio.com) and at Pediatric Therapy Studio, LLC facilities, where copies will also be available for you upon request. Pediatric Therapy Studio, LLC is required to abide by the terms of the Notice currently in effect.

### **I. Uses and Disclosures of Your Information**

Pediatric Therapy Studio, LLC may use or disclose your PHI for the following purposes:

- **Treatment.** Pediatric Therapy Studio, LLC may use or disclose PHI for purposes of providing your medical treatment. For example, Pediatric Therapy Studio, LLC may disclose your child's PHI to their primary care physician if needed in order to coordinate your medical care.

8221 Old Courthouse Road Suite 105 Vienna VA 22182

[www.pediatrictherapystudio.com](http://www.pediatrictherapystudio.com)

TEL: 703-663-4808 FAX: 844-764-4499

EMAIL: [info@pediatrictherapystudio.com](mailto:info@pediatrictherapystudio.com)

- **Payment.** Pediatric Therapy Studio, LLC may use or disclose PHI for purposes of billing and collecting payment for our services. For example, we may disclose PHI to your health plan in order to obtain payment for our services.
- **Health Care Operations.** Pediatric Therapy Studio, LLC may use or disclose PHI to facilitate our business's health care operations. For example, we may review your child's PHI internally as part of an audit to confirm quality of our services being delivered to our patients.
- **As Required by Law.** Pediatric Therapy Studio, LLC may use or disclose PHI if required to do so by federal or state law.
- **Disclosures to your child's Representative and/or Individuals Involved in Your Care** Pediatric Therapy Studio, LLC may disclose your PHI to your friends or family members who are involved in your child's care, including those who are responsible for paying for your child's care and/or those who assist in your child's transportation to or from appointments. Pediatric Therapy Studio, LLC may also disclose PHI to your child's personal representative, as established under applicable law, or to an administrator or authorized individual associated with your estate.
- **Disclosures to Business Associates.** Pediatric Therapy Studio, LLC may disclose your child's PHI to certain of our service providers that have agreed to maintain the privacy and security thereof. For example, if Pediatric Therapy Studio, LLC contracts with an IT vendor, they may have access to certain aspects of your child's PHI – and they will also agree to protect its confidentiality.
- **De-Identification of PHI.** Pediatric Therapy Studio, LLC may de-identify your child's PHI, meaning that Pediatric Therapy Studio, LLC would remove all identifying features as determined by law to make it extremely unlikely that the information could identify your child. De-identified information no longer qualifies as PHI, meaning that Pediatric Therapy Studio, LLC may use and disclose it for purposes not set forth in this Notice.

Pediatric Therapy Studio, LLC may also use or disclose your child's PHI in other ways as permitted by law. Generally, these are ways that serve the public health and/or research. Specifically:

- Pediatric Therapy Studio, LLC may use or disclose your child's PHI as needed to assist with public health and safety issues and may disclose your child's PHI to law enforcement officials when needed, to health oversight agencies for authorized activities, and for special government functions including national security needs.

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- Pediatric Therapy Studio, LLC may disclose your child's PHI as needed to organ procurement organizations, medical examiners, and funeral directors in the event of an individual's death.
- Pediatric Therapy Studio, LLC may use or disclose your child's PHI in response to a court or administrative order, or in response to a subpoena.

Uses and disclosures of PHI for purposes other than those described above, including for marketing purposes and disclosures that would constitute a sale of PHI, will not be made in the absence of a written authorization signed by you or your child's personal representative. Once you sign an authorization, you may revoke it by contacting Pediatric Therapy Studio, LLC at any time unless it has already been relied upon to use or disclose PHI.

## **II. Your Rights Regarding Your PHI**

You have the following rights with respect to your PHI:

- You have the right to request restrictions on certain uses and disclosures of your child's PHI. Pediatric Therapy Studio, LLC will consider every request to restrict uses or disclosures of your child's PHI and will strive to honor those that are reasonable. However, Pediatric Therapy Studio, LLC is not legally required to honor each request unless the requested restriction involves a disclosure not required by law to a health plan for purposes of payment or health care operations, and you have paid for the applicable services in full out of pocket. With respect to any requested restriction, if Pediatric Therapy Studio, LLC agrees to honor it, we will document such restriction and continue to abide by it.
- You have the right to receive confidential communications of your child's PHI from Pediatric Therapy Studio, LLC. Specifically, you may request that Pediatric Therapy Studio, LLC communicate with you about your child's PHI using a specific means, phone number, or address. Pediatric Therapy Studio, LLC will accommodate reasonable requests regarding confidential communications of your PHI.
- Subject to applicable state law, you have the right to inspect and copy your child's PHI. You also have the right to access and receive your child's PHI electronically if readily producible in such format.
- You have the right to correct or update your child's PHI. If you believe that there is an error in your child's PHI, you may request that Pediatric Therapy Studio, LLC update it as appropriate.
- You have the right to receive an accounting of certain disclosures of your child's PHI made by Pediatric Therapy Studio, LLC. Upon receipt of such request, Pediatric Therapy Studio, LLC will provide you with a list of disclosures made by Pediatric Therapy Studio, LLC in the prior six (6) years, not including certain types of disclosures such as, by way of example

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only, those made directly to you or pursuant to your written authorization.

- You have the right to obtain a paper copy of this Notice upon request.

To exercise any of these rights, please send written communication to Pediatric Therapy Studio, LLC at:

Attn: Clinical Manager  
Pediatric Therapy Studio  
8221 Old Courthouse Road  
Suite 105  
Vienna VA 22182

## **II. Breach Notification**

Pediatric Therapy Studio, LLC is required by law to notify you in the event that your child's PHI is subject to a security breach unless Pediatric Therapy Studio, LLC reasonably determines, after fully investigating the situation and assessing the risk presented, that there is a low probability that the privacy or security of your child's PHI has been compromised. You will be notified without unreasonable delay and in no event later than sixty (60) days following discovery of the security breach. Such notification will include information about the security breach, including steps that Pediatric Therapy Studio, LLC has taken to mitigate potential harm, and a contact person to whom you may address additional questions.

## **III. Questions, Comments, or Complaints**

If you have any questions or comments about this Notice, or if you have any complaints about Pediatric Therapy Studio, LLC privacy practices, please contact the Clinical Manager at 703-663-4808. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Pediatric Therapy Studio, LLC will not retaliate against you for filing a complaint.