



Phone: 217-549-4507 Fax: 844-203-9998

## **HIPAA Privacy Statement**

### **Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS STATEMENT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL Evergreen Pediatric Therapy, LLC at 217-549-4507.

Evergreen Pediatric Therapy, LLC is committed to protecting medical information about you and your child. Federal law requires that:

- Medical information that identifies you and your child is kept private;
- You are given this Notice of our legal duties and privacy practices with respect to medical information about you and your child
- Evergreen Pediatric Therapy, LLC follows the terms of this Notice.

#### *Health Information Includes and Relates to:*

- you or your child's past, present, and future physical, medical or mental health conditions;
- your past, present, or future payment for the care or services your child received; and
- care and services provided to your child.

#### *Handling of Protected Health Information/Medical Information*

Medical Information Disclosure Policy and Medical Record and Billing and Reimbursement Maintenance

Policy provide details of storage, collection, transmitting, and destruction of protected health information/medical information.

#### *Statement of Uses and Disclosures:*

1. Medical information about you and your child may be used to provide your child with speech-language therapy services that he/she needs.
2. Your and your child's medical information may be disclosed to physicians involved in your child's care, with your consent.
3. Your child's medical information may be disclosed to your medical insurance company and to the Illinois Department of Human Services Central Billing Office



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(DHS CBO), if applicable, so that the occupational therapy services that your child receives may be billed and payment may be collected from an appropriate entity, including you, an insurance company or the CBO.

4. Your and your child's medical information may be used during meetings and in communications with other health care providers to whose care of your child you have consented, such as service coordinators, physical, occupational, speech, developmental and other therapists, nurses and physicians, and other specialists, for example, when your child's treatment, progress, needs, and continuation of services are discussed.
5. Your child's medical record may be accessed by Evergreen Pediatric Therapy, LLC office staff for appropriate filing and copying of documentation contained in the record.
6. Your/your child's medical information may be used and disclosed when necessary to prevent a serious threat to your/your child's health and safety or the health and safety of another person or the public. This disclosure would be limited to an entity that may be able to prevent the threat (e.g. medical emergency personnel, or for example, if it is believed you are or your child is a victim of abuse, neglect or domestic violence, the private health information may be disclosed to the Illinois Department of Children and Family Services (DCFS), the Illinois Department of Human Services (DHS) or other governmental authority, including social service or protective services agency, authorized by law to receive such reports of abuse, neglect or domestic violence.
7. Medical information about you or your child may be disclosed for special purposes as permitted or required by law, including but not limited to:
  - Community and public health activities and reports
  - Administrative oversight
  - Legal processes or court orders
  - Law enforcement

*Other Uses of Medical Information:*

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to Evergreen Pediatric Therapy, LLC will be made only with your written authorization that you may revoke in writing at any time. If you revoke an authorization, this information will no longer be used or disclosed as covered by the written authorization. However, you understand that taking back any disclosures that have been already made with your authorization will not be possible, and that this Practice is required to retain the records of the care that we provide to your child.

*Your Rights Regarding Your and Your Child's Medical Information:*



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1. You have the right to inspect and copy medical information that may be used to make decisions about your child's care. To inspect and to obtain a copy of medical information, you must submit your request in writing by filling out a Medical Information Request form to: Evergreen Pediatric Therapy, LLC, 3500 W Evergreen Ave, Chicago IL 60651. If you request a copy of the information, you may be charged a reasonable fee for the costs of copying, mailing or supplies associated with your request.
2. You may ask that the medical information contained in your child's record be amended if you feel that this information is incorrect or incomplete. You have the right to add a statement to the medical record. Your request for an amendment must be made in writing and submitted to: Evergreen Pediatric Therapy, LLC, 3500 W Evergreen Ave, Chicago IL 60651. This request must maintain a reason that supports your request.
3. You have the right to request an "accounting of disclosures". This is a list of certain disclosures of medical information about you/your child that has been made by Evergreen Pediatric Therapy, LLC. Your request for an accounting of disclosures must be made in writing and submitted to: Evergreen Pediatric Therapy LLC, 3500 W Evergreen Ave, Chicago IL 60651. Your request must state the time period that may not be longer than six years and may not include any dates before January 1, 2015.
4. You have the right to request a restriction or limitation on the medical information about your child that is used or disclosed for treatment, payment or health care operations. Evergreen Pediatric Therapy, LLC is not required by federal law to agree to your request. If we do agree, we will comply with your request. To request restrictions, you must make your request in writing to: Evergreen Pediatric Therapy, LLC, 3500 W Evergreen Ave, Chicago IL 60651.
5. You have the right to request confidential communications with you about your child's medical matters. For example, you may ask that you only be contacted at work or by mail. To request confidential communications, you must make your request in writing to: Evergreen Pediatric Therapy, LLC, 3500 W Evergreen Ave, Chicago IL 60651. You will not be asked to provide the reason for your request.
6. You have the right to a paper copy of this Notice. You may ask to be given a copy of this Notice at any time.

*Minimum Necessary Requirements*



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The use, disclosure of, and requesting of private health information and medical information will only be used to complete the task for which information is being requested. Only the minimum information requested will be disclosed.

#### *Changes to This Notice*

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you and your child as well as any information we receive in the future. If your child's services provided by Evergreen Pediatric Therapy, LLC are terminated, the next time your child needs these services in the future, you will be offered a copy of the current Notice in effect.

#### *Complaints*

If you believe your or your child's privacy rights have been violated, you may file a complaint with the Privacy Officer for the Bureau of Early Intervention or the CFC, or the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

You have the right to voice your complaints. Complaints can be made in writing to Evergreen Pediatric Therapy, LLC, 3500 W Evergreen Ave, Chicago IL 60651. Upon receipt of a complaint, an action plan for resolution will be implemented. Should a complaint remain unresolved, please direct complaints to:

**Region V, Office for Civil Rights  
U.S. Dept. of Health and Human Services  
233 N. Michigan Avenue, Suite 240**

**Chicago, IL 60601**

**OR**

**Department of Health and Human Services  
Office of Civil Rights Hubert H. Humphrey Bldg. 200 Independence Avenue,  
S.W. Room 509F HHH Building  
Washington, DC 20201**



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I have received, read and understood the Notice of Privacy Practices from Evergreen Pediatric Therapy, LLC.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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