

AppleTree Therapy Services, LLC.
Notice of Privacy Practices for Protected Health Information
Effective Date: 6/1/2009

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!

AppleTree Therapy Services, LLC is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your child's symptoms, examination, and test results, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of Uses of Your Health Information for Treatment Purposes are:

- An occupational therapist obtains clinical information about your child and records it in an ongoing treatment note.
- During the course of your child's treatment, the occupational therapist may obtain a release of information from you and then contact your child's school occupational therapist for collaborative purposes.
- We may also provide PHI to other providers involved in your treatment plan and personnel from our agency that will be involved in your treatment and services.

Example of Use of Your Health Information for Payment Purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of AppleTree Therapy Services, LLC. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to AppleTree Therapy Services, LLC. -- we are not required to grant the request, but we will comply with any request granted;
- Request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment; and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full—we must comply with this request;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at AppleTree Therapy Services, LLC;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to AppleTree Therapy Services, LLC;

- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to AppleTree Therapy Services, LLC. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for AppleTree Therapy Services, LLC;
 - Is not part of the information that you would be permitted to inspect and copy; or,
 - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to AppleTree Therapy Services, LLC;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to AppleTree Therapy Services, LLC. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to AppleTree Therapy Services, LLC, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact Stacy Bragg, owner/manager 618-690-0068, in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

AppleTree Therapy Services, LLC is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact **Stacy Bragg, owner/manager 618-690-0068**.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **Stacy Bragg**. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address is **Michelle R.B. Saddler** - 100 South Grand Avenue East Springfield, Illinois 62762.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office/hospital.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Website

- If we maintain a website that provides information about our entity, this Notice will be on the website.