# DARLING PEDIATRIC THERAPIES

Billing Address: 195 14th Street NE; Unit 1905 Atlanta, GA 30309
Clinic Address: 1475 Holcomb Bridge Road; Suite 113 Roswell, GA 30076
Phone 678-591-3542; FAX 770-234-6837

Effective April 14, 2003

## Notice of Our Privacy Practices

In 1996 the Federal Government established uniform privacy and security standards to protect patients' medical information. The standard is known as the Health Insurance Portability and Accountability Act (HIPAA). The deadline for compliance is April 14, 2003.

The purpose of this notice is to ensure that you (the patient) or your designated representative is aware of your right to ensure the privacy of your healthcare information. Darling Pediatric Therapies retains the right to update this notice at any time. You will be notified of any changes and you will receive an updated copy form Darling Therapies upon your request.

1. Privacy of Patient Information- We have created a record of the services and treatment you receive in order to file claims with your insurance company and Medicaid. The privacy of your medical information is important to us and we are committed to protecting it. We are required by law to keep your medical information private and notify you of our legal rights and our privacy practices.

2. Use and Disclosure of Patient Information- Your medical information will be used for payment and operations to maintain the highest quality care possible. HIPAA allows disclosure of this information to your designated/ authorized next of kin and other health care providers including physicians, insurance companies' state and federal entities as well as law enforcement agencies in the interest of public safety. You, the patient, however, reserve the right to request in writing restrictions on certain uses and disclosures.

3. Patient's Access to Medical Information- You have the right to see and obtain a copy of your medical records at any time. You may request changes in your health information and request the reason for any disclosures (not including treatment, payment and healthcare procedures). If Darling Pediatric Therapies does not agree with your changes, you must be allowed to insert a statement of disagreement into the record. Darling Pediatric Therapies is not required to agree to your requested restrictions. However, if we agree, the restriction is binding.

4. Confidentiality of Patient Information- Darling Pediatric Therapies will attempt in all cases to preserve the confidentiality of all oral and written medical information. These include transmission of patient's records only to such payers as are HIPAA compliant, reasonable confirmation of the security of patient information prior to electronic and/or fax transmission of information necessary to complete billing and law enforcement agencies necessary in the interest of public safety. Darling Pediatric Therapies will not be held responsible in the event of natural disasters, or theft, or burglary of their physical and electronic property, having taken reasonable precaution.

5. How to File a Complaint- You may file a complaint if you feel that your privacy rights have been violated. Please see attachment marked Complaint. Darling Pediatric Therapies will not retaliate against you if you file a complaint. A complaint form is available on request.

6. Darling Pediatric Therapies Contact Information- You may contact Darlene A. Robertson, the Security Officer of Darling Pediatric Therapies, for more information of your privacy policies at the above address and telephone.