

**Spring Forward OT, LLC
Notice of Privacy Practices
Effective November 1, 2020**

This notice describes how medical information about you may be disclosed and used, and how you can get access to this information. Please read carefully.

Information that relates to your health or treatment and that identifies you is protected under the Health Portability and Accountability Act (HIPAA). This protection covers both written and electronic information. This protection lasts as long as the information is in the hands of Spring Forward OT, LLC. This notice describes how Spring Forward OT, LLC may use or disclose your personal health information, with whom that information may be shared, and the safeguards placed to protect it. This notice also describes your rights to access and amend your information. Please ask your therapist at Spring Forward OT, LLC if you have any questions regarding this notice.

Protected health information is individually identifiable health information. This includes demographics (age, address, email, etc) and information relating to past, present, or future physical or mental health conditions, or any related health care services. Spring Forward OT, LLC is required by law to:

- Make sure that your protected health information is kept private
- Give you this notice of our responsibilities and privacy practices related to the use and disclosure of your information
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

Individual Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Know your records. You have a right to know how your medical records will be used, and with whom the information will be shared.

Get a copy (paper or electronic) of your records. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incomplete or incorrect. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request preferred confidential communications. You can ask us to contact you by a preferred method (for example: home or office phone) or ask to send mail to a specified address. We will say “yes” to all reasonable requests.

Limit what we share or use. You can ask us not to share or use certain health information for our operations, treatment or payment. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations. We will comply unless a law requires us to share that information.

Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). There is no charge for a yearly request of this list, but there is a reasonable cost

based fee if such list is requested more than once in a 12 month period.

Get a hard copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act on your behalf. If someone is your legal guardian or has medical power of attorney for you, that person can exercise your rights and make choices about your healthcare information. We will verify that any person has the authority to act on your behalf before taking any action.

File a complaint if you think your rights are violated. If you feel your rights have been violated, please contact us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/, calling 1-877-696-6775 or sending a letter to: U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Your Choices

For certain health care information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

You have the right and the choice to tell us to share information with your family, close friends, or others involved in your care. You have the right and choice to share information in a disaster relief situation. You have the right and choice to share information in a hospital directory.

We will never share your information unless you give us written permission for marketing purposes or for the sale of your information.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you. We may use and share your health information with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition, or you are being treated by multiple therapists and disciplines.*

Run our Organization. We can use and share your health information to run our practice, improve your care and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Other ways we may share or use your health information.

We are allowed or required (upon request) to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. See below for further examples. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with safety and public health issues. We can share health information about you for certain situations such as preventing disease, helping with product recall, reporting adverse reactions to medications, reporting suspected abuse,

neglect or domestic violence, and preventing or mitigating a serious threat to someone's health or safety.

Do research. We can use or share your information for health research.

Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can share information upon request with a coroner, medical examiner, or funeral director when an individual dies.

Comply with the law, respond to any legal action. We will share information about you if state or federal law requires it, including with the Department of Health and Human services if it wants to see that we are complying with federal privacy law. We can share information about you in response to a court or administrative order, or in response to a subpoena.

Comply with worker's compensation, law enforcement, and other government requests. We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us that we can in writing. If you tell us we can, you may also change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and in our office.

Effective date: 11/1/2020

Privacy Officer: Jaimie Colbert

Spring Forward OT, LLC
Notice of Privacy Practices Consent Form

I have read and understand Spring Forward OT, LLC's **Notice of Privacy Practices**. I understand that Spring Forward OT, LLC may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the company in writing. I also understand that Spring Forward OT, LLC will consider requests for restrictions on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Spring Forward OT, LLC's **Notice of Privacy Practices**. In doing so, I hereby release Spring Forward OT, LLC from any and all legal liability that may arise from the release of such information. I agree that a copy of this authorization may be used in place of the original.

I understand that I retain the right to revoke this consent by notifying Spring Forward OT, LLC in writing at any time except for that action which has already been taken. It shall be effective only long enough to answer the purpose of which it is given and no further confidential information will be released without the execution of an additional written authorization.

Patient's Printed Name (and Parent/Guardian's Printed Name if Patient is under 18):

Signature:

Date:
