



# Hands on

Helping little fingers and toes explore Alaska

3065 College Rd. Fairbanks, AK 99709

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# Therapy, Inc

## **ANNUAL PATIENT PRIVACY AND CONFIDENTIALITY POLICY**

At Hands on Therapy, Inc., we value our clients and are very careful in the way we safeguard health information. "Protected health information (PHI)" is patient identifiable information, whether oral, electronic, or paper, which is created or received by Hands on Therapy and relates to a client's healthcare or payment for the provision of service. We understand that the medical information about your child is personal, and we are committed to protecting the confidentiality of that information, wherever generated or used. This privacy and confidentiality policy will review how Hands on Therapy, Inc. may disclose your child's personal health information, where the information is stored, and your rights regarding medical information we maintain about your child.

### How We May Use and Disclose Protected Health Information about Your Child

The following categories describe different ways that Hands on Therapy, Inc. may use and disclose protected health information. Not every use or disclosure is listed, however, all ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment and Health Care Operations: We may use your child's medical information to provide, coordinate, or manage your therapy services, including coordination or management with a third party, and consultation between health care providers both within and outside of Hands on Therapy, Inc. We may also disclose information to business associates so that they may provide services (ex.: billing clearinghouses, legal services) to Hands on Therapy, Inc. We may also disclose information to individuals involved in your care (family member, personal care attendant, nanny, etc.) unless otherwise notified in writing.
- For Payment: We may use and disclose medical information to your insurance carrier or third party payor in relation to obtaining payment for service(s).
- In Event of a Disaster or Serious Threat to Health or Safety: We may disclose your child's personal information to other health care providers and to an entity assisting in a disaster relief effort to coordinate care, and so your family can be notified about your child's condition or location. We may also disclose information to prevent or lessen a serious threat to your child's health and safety.
- As May be Required by Law: We may disclose your child's personal information in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about criminal conduct or in emergency situations to report a crime, the location of crimes or victims, or the identity, description or location of the person who committed the crime.
- Quality Assurance and Surveys: Your information may be shared within Hands on Therapy, Inc. in chart reviews to ensure compliance and the integrity of services provided to your child. We may also disclose your child's medical information if requested by representatives of the commissioner authorized to survey or investigate home care providers, or other state or federal agencies with authorization to review records, as well as authorized personnel from insurance companies authorized to do audits to ensure compliance and the integrity of the services provided.

### Storage of Personal Health Information

- Permanent charts for clients seen by Hands on Therapy, Inc. will be housed onsite and within our electronic medical record system. These charts are not to be removed until after one calendar year following discharge from services. At that time, the chart may be transported to a secure location for storage.
- Working files may be kept by each therapist. These files will be kept in a secure place and will not be available to others unless a Release of Information has been signed.

### Your Rights Regarding Your Child's Medical Information

- **Right to Inspect and Copy:** You have the right to inspect and copy any medical information that may be used to make decisions in your child's care. This usually includes medical and billing records. For full file copy, a request must be submitted in writing to the owner. Requests may be denied in very limited circumstances (release of psychological therapy notes) if deemed to be in the best interest of the child.
- **Right to Request an Amendment:** If you feel that medical information we have on file is inaccurate or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to the owner. In addition, you must provide a reason that supports your request. We may deny the request if the amendment request relates to information not created by Hands on Therapy, is not part of the medical information kept by us, or if the information currently on file is deemed accurate and complete. At any time, you may submit information to be included in your child's file.

### Right to Request Restrictions and Alternative Communication

- You have the right to request a restriction or limitation on our use or disclosure of your child's protected health care information. Such requests must be in writing. If we do agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment.
- You also have the right to request alternate communication methods when discussing your child's care or records. We will accommodate all reasonable requests. Information held electronically will be provided in electronic form, if requested.
- You have the right to restrict disclosure of PHI to your health insurance company for payment if the services and items provided during a visit have been paid in full by the patient or their guardian.

For further information regarding your rights, please contact the Alaska Department of Health Services at 907-465-3030, or online at <http://dhss.alaska.gov/dhcs/Pages/hipaa/> for more information about specific rights.

### Our Responsibilities

We are required by law to maintain the privacy and security of your child's protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your child's information.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with Hands on Therapy, Inc. or with the Alaska Department of Health and Social Services. We will not retaliate against you for filing a complaint.

To file a complaint with Hands on Therapy, contact:

Hands on Therapy, Inc.  
Attn: Owner  
3065 College Rd.  
Fairbanks, Alaska 99709

To file a complaint with the Department of Health and Social Services, contact:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

### Changes to this Notice

Hands on Therapy, Inc. reserves the right to change the terms of this notice and make the new notice provisions effective for all protected health information that Hands on Therapy, Inc. maintains.