



**MICHELLE FOOSANER, MS PT**  
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**415-606-9773**

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**HIPAA PRIVACY NOTICE**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT CHILDREN'S THERAPY ASSOCIATES' PATIENTS MAY BE USED AND DISCLOSED AND HOW PATIENTS CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The laws and standards of Provider's profession require that Provider maintain the privacy of Child's Protected Health Information ("PHI"). Unless otherwise required by law, Provider will not use or disclose protected information without the consent or authorization of Client for purposes other than treatment, billing, operations related to treatment and billing.

Children's Therapy Associates will not release nor exchange Child's information with other healthcare professionals, other than a physician from which Child received a prescription/referral/medical clearance, without Client's consent. Should Client decide to grant Provider consent to release and/or exchange information to/with other professionals and/or caretakers involved in Child's care, Client is required to fill out the separate form entitled "Patient Consent to Release and/or Exchange Information."

Provider's personnel who release protected health information for purposes including, but not limited to, insurance company requests, will release the minimum amount of information necessary based on the purpose of the request, and to the extent that such release complies with the law and satisfies the request.

Pursuant to HIPAA Compliance Policies and Procedures, Client's written authorization is not required for the following: judicial request, health oversight; law enforcement; public health activities; coroners and medical examiners and specialized government functions. Specialized government functions include, but are not limited to, disclosure about victims of abuse, neglect or domestic violence.

**Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by Children's Therapy Associates for the purpose of providing health care services to Patient, to support the operation of the Children's Therapy Associates' practice, and any other use required by law.

**Treatment:**

Children's Therapy Associates will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.



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Payment:

Patient's Protected Health Information will be used, as needed, to obtain payment for Patient's health care services.

Health Care Operations:

Children's Therapy Associates may use or disclose, as needed, Patient's Protected Health Information in order to support the business activities of Children's Therapy Associates' practice. These activities include, but are not limited to, quality assessment activities, employee review activities, and conducting or arranging for other business activities.

Your rights:

Following is a statement of your rights with respect to your protected health Information. You have the right to get a copy of your health records. You may ask to see and get a copy of your records and other health information. There are exceptions to this; for example if Children's Therapy Associates believes that information in the Patient's file may endanger you or someone else. You have the right to make corrections to your health information. You can ask to change any wrong information in your file or add information to your file if it is incomplete. You have the right to decide whether to give your permission before Patient's information can be used or shared. You may authorize Children's Therapy Associates to share health information with other individuals by signing the separate document entitled "Consent to Release and/or Exchange Information." You have the right to file a complaint with the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may also file a complaint with Children's Therapy Associates. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before October 1, 2011.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to Protected Health Information. If you have any objections to this form, please notify our office.

Signature below is only acknowledgement that you have received this notice of Children's Therapy Associates' privacy practices:

\_\_\_\_\_  
PARENT/GUARDIAN'S NAME

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE