

## Notice of Privacy Practices

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.

### Uses and Disclosures for Treatment, Payment, and Health Care Operations

Minnetonka Pediatric Therapy Center may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

“*PHI*” refers to information in your health record that could identify you.

“*Treatment, Payment, and Health Care Operations*”

-*Treatment* is when Minnetonka Pediatric Therapy Center provides direct services related to your health care.

-*Payment* is when Minnetonka Pediatric Therapy Center obtains reimbursement for your healthcare. Examples of payment are when staff discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

-*Health Care Operations* are activities that relate to the performance and operation of the practice. Examples are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and care coordination.

“*Use*” applies only to activities within the clinic, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“*Disclosure*” applies to activities outside of the clinic, such as releasing, transferring, or providing access to information about you to other parties.

### Uses and Disclosures Requiring Authorization

When Minnetonka Pediatric Therapy Center is asked for information for purposes outside of treatment, payment and healthcare operations, our staff will obtain an authorization before releasing any information. The most common example is disclosing treatment information to coordinate care with a professional from another agency. You may revoke all such authorizations at any time, provided each revocation is in writing.

### Uses and Disclosures with Neither Consent nor Authorization

By law all healthcare providers are required to report any instances of suspected abuse. In this case we would not seek to obtain written authorization from you.

### Patient's Rights to Medical Documentation

You have the right to inspect and copy all documentation or billing information pertaining to you.

### Revision or Privacy Policies and Procedures

If there are any revisions we will supply you with a revised notice at your next appointment.

### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision staff made about access to your records, you may contact Kaye Koelker Baumgardner or Julie Ernest, Privacy Officers, at 612-209-5240. You may also write to the U.S. Department of Health and Human Services at 200 Independence Ave SW, Washington DC 20201.

**(please sign on back)**



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## NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT FORM

By signing this form, I acknowledge that I have received a copy of the Minnetonka Pediatric Therapy Notice of Privacy Practices.

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If we are unable to speak with you directly by phone, is it okay for us to leave detailed/ clinical information on your answering machine, if available?

YES       NO

If the signature above is not the patient, please state your relationship to the patient.

Relationship to patient: \_\_\_\_\_

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### OFFICE USE

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Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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