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Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Allied Therapies of Texas is dedicated to maintaining the privacy of individually identifiable health information as protected by law, including the Health Insurance Portability and Accountability Act (HIPAA). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. This information is referred to as protected health information or PHI. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our organization concerning the patient's PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at that time.

This notice contains the following required information:

- How we may use and disclose the patient's PHI
- Your privacy rights in the patient's PHI
- Our obligations concerning the use and disclosure of the patient's PHI

The terms of this notice apply to all records containing the patient's PHI that are created

or retained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our organization has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our organization will post a copy of our current Privacy Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose the patient’s PHI:

1. Treatment

Our organization may use the patient’s PHI for treatment. For example, we may ask the patient to have evaluations and we may use the results to help us develop an individual plan for services. Many of the people who work for our organization including, but not limited to, our therapists, educators, case managers, doctors, and nurses may use or disclose the patient’s PHI in order to treat the patient to the patient’s primary care physician or other outside health care providers for purposes related to treatment. Finally, we may disclose the patient’s PHI to family members or others who may assist in the patient’s care.

2. Payment

Our organization may use and disclose the patient’s PHI in order to bill and collect payment for the services and items they may receive from us. For example, we may contact the patient’s health insurer, including Medicaid, to certify that they are eligible for benefits (and for what range of benefits), and we may provide their insurer with details regarding their treatment to determine if their insurer will cover, or pay for, their treatment. We also may use and disclose the patient’s PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use the patient’s PHI to bill the patient directly for services and items. We may disclose the patient’s PHI to Medicaid and other payers or providers to coordinate and assist their billing efforts.

3. Health Care Operations

Our organization may use and disclose the patient's PHI to operate our business. As examples of the ways in which we may use and disclose their information for our operations, our organization may use the patient's PHI to evaluate the quality of care they received from us, or to conduct cost- management and business planning activities for our organization. We may disclose the patient's PHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders

Our organization may use and disclose the patient's PHI to contact them and remind them of an appointment.

5. Treatment Options

Our organization may use and disclose the patient's PHI to inform them of potential treatment options or alternatives.

6. Health-Related Benefits and Services

Our organization may use and disclose the patient's PHI to inform them of health-related benefits or services that may be of interest to the patient.

7. Release of Information to Family/Friends

Our organization may release the patient's PHI to a friend or family member that is involved in their care, or who assist in taking care of the patient. For example, a parent or guardian may ask that a caregiver take an individual to the doctor's office for examination for seizures that occurred while at our organization. We may give the caregiver a copy of a case note for the physician documenting the seizure(s). In this example, the caregiver may have access to this individual's medical information.

8. Disclosures Required By Law

Our organization will use and disclose the patient's PHI when we are required to do so by federal, state, or local law.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose the patient's identifiable health information:

1. Public Health Risks

Our organization may disclose the patient's PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult person served (including domestic violence), though we will only disclose this information if the person served agrees or we are required or authorized by law to disclose this information

2. Health Oversight Activities

Our organization may disclose the patient's PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations,

inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings

Our organization may use and disclose the patient's PHI in response to a court or administrative order, if the patient is involved in a lawsuit or similar proceeding. We also may disclose their PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement

We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Persons

Our organization may release PHI to a medical examiner or coroner to identify cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research

Our organization may use and disclose the patient's PHI for research purposes in certain limited circumstances. We will obtain the patient's written authorization to use their PHI for research purposes except when Internal or

Review Board or Privacy Board has determined that the waiver of the patient's authorization satisfies the following:

i. The use or disclosure involves no more than a minimal risk to the patient's privacy based on the following:

(A) An adequate plan to protect the identifiers from improper use and disclosure

(B) An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and

(C) Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted

ii. The research could not practicably be conducted without the waiver; and

iii. The research could not practicably be conducted without access to and use of PHI

7. Serious Threats to Health or Safety

Our organization may use and disclose the patient's PHI when necessary to reduce or prevent a serious threat to their health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. National Security

Our organization may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

9. Workers' Compensation

Our organization may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

The patient has the following rights regarding the PHI that we maintain about them:

1. Confidential Communications

The patient has the right to request that our organization communicate with them about their health and related issues in a particular manner or at a certain location. For instance, the patient may ask that we contact them at home, rather than work. In order to request a type of confidential communication, the patient must make a written request to a Director of their therapy service (i.e. Brent Dunbar or George Becerra) specifying the requested method of contact, or the location where the patient wishes to be contacted. Our organization will accommodate reasonable requests. The patient does not need to give a reason for their request.

2. Requesting Restrictions

The patient has the right to request a restriction in our use or disclosure of their PHI for treatment, payment, or health care operations. Additionally, the patient has the right to request that we restrict our disclosure of their PHI to only certain individuals involved in their care or the payment for their care, such as family members, guardians, and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to threat the patient. In order to request a restriction in our use or disclosure of the patient's PHI, the patient must make a written request to the Director of their therapy service. The request must describe in a clear and concise fashion:

- a. the information the patient wishes restricted
- b. whether the patient is requesting to limit our organization's internal use, outside disclosure or both; and
- c. to whom the patient wants the limits to apply

3. Inspection and Copies

The patient has the right to inspect and obtain a copy of the PHI that may be used to make decisions about them, including medical records and billing records, but not including psychotherapy notes. They must submit their request in writing to the Director of their therapy services in order to inspect and/or obtain a copy of their PHI. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with their request. Our organization may deny the patient's request to inspect and/or copy in certain limited circumstances; however, the patient may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

4. Amendment

The patient may ask us to amend their health information if they believe it is incorrect or incomplete, and may request an amendment for as long as the information is kept by or for our organization. To request an amendment, the request must be made in writing and submitted to the Director of the patient's therapy services. The patient must provide us with a reason that supports their request for an amendment. Our organization will deny a request if the patient fails to submit their request (and the reason supporting the request) in writing. Also, we may deny a request if the patient asks us to amend information that is in our opinion:

- a. accurate and complete
- b. not part of the PHI kept by or for the organization
- c. not part of the PHI which the patient would be permitted to inspect and copy; or
- d. not created by our organization, unless the individual or entity that created the information is not available to amend the information

5. Accounting of Disclosures

All of our persons served have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our organization has made of a patient’s PHI, e.g., for non-treatment, non-payment, or non-operations purposes. Use of a patient’s PHI as part of the routine care in our organization is not required to be documented. For example, the therapist sharing information with the educator; the doctor sharing information with the nurse; or the billing department using the patient’s information to file their insurance claim. Also, we are not required to document disclosures made pursuant to an authorization signed by the patient. In order to obtain an accounting of disclosures, the patient must submit their request in writing to the Director of their therapy services. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list the patient requests within a 12-month period is free of charge, but our organization may charge the patient for additional lists within the same 12-month period. Our organization will notify the patient of the costs involved with additional requests, and the patient may withdraw their request before they incur any costs.

6. Right to a Paper Copy of This Notice

The patient is entitled to receive a paper copy of our Notice of Privacy Practices. The patient may ask us to give them a copy of this notice at any time. To obtain a paper copy of this notice, contact any front desk personnel or any therapist.

7. Right to File a Complaint

If the patient believes that their privacy rights have been violated, they may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the Director of any therapy service. We urge patients to file complaints with us first and give us the opportunity to address their concerns. All complaints must be submitted in writing. Patients will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures



Physical Therapy • Occupational Therapy • Speech Therapy

Our organization will obtain the patient's written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization the patient provides to us regarding the use and disclosure of PHI may be revoked at any time in writing. After the patient revokes their authorization, we will no longer use or disclose their PHI for the reasons described in the authorization. Please note, however, that we are required to retain records of the patient's care.

Privacy Sheet For Client

In the course of providing service, we create, receive, and store health information that identifies the patient. It is often necessary to use and disclose this health information in order to provide treatment, to obtain payment for our services, and to conduct health care operation involving our office.

The Notice of Privacy Practices you have been given describes these uses and disclosures in detail. You are free to refer to this notice at any time before you sign this form. As described in our Notice of Privacy Practices, the use and disclosure of the patient's health information for treatment purposes not only includes care and service provided here, but also disclosures of the patient's health information as may be necessary or appropriate for you to receive follow-up care from another health professional. Similarly, the use and disclosure of the patient's health information for purposes of payment includes:

1. Our submission of the patient's health information to a billing agent or vendor for processing claims or obtaining payment
2. Our submission of claims to third-party payers or insurers for claims review, determination of benefits, and payment
3. Our submission of the patient's health information to auditors hired by third-party payers and insurers; and
4. Other aspects of payment described in our Notice of Privacy Practices

When you sign this consent document, you signify that you agree and that we can and will use and disclose the patient's health information to treat them, to obtain payment for our services, and to perform healthcare operations. You also signify that you have received a copy of our Notice of Privacy Practices.

You have the right to ask us to restrict the uses or disclosures made for purposes of treatment, payment, or healthcare operations, but as described in our Notice of Privacy Practices, we are not obliged to agree to these suggested restrictions. If we do agree, however, the restrictions are binding on us.

Patient's Rights and Responsibilities

In an effort to better serve our patients, we establish these rights and responsibilities to guide our actions and care. Patient rights of access to care, treatment, and respect are recognized and supported throughout Allied Therapies of Texas.

Our procedures support each patient's right:

- To have reasonable access to safe and effective care within our mission, our scope of practice, and in compliance with law and regulation
- To be referred to other providers when additional, alternative, or special services are needed, and to have this access to care regardless of race, creed, age, biological gender, gender identity, national origin, handicap, economic status, religious affiliation, or sexual orientation.
- To receive considerate care that respects personal values, beliefs, and preferences, including the expression of psychosocial, spiritual, and cultural values which influence the perception of illness and the response to care.
- To have respect for personal dignity, privacy, and safety during care, and safety and security within the health care facility, and to be free from abuse, neglect, or exploitation.
- To have effective communication with staff, and to understand or be assisted with written, spoken, and other communication.
- To be assured of confidentiality of health information, with information accessed only by those providing care, providing reimbursement for care, and operational aspects of care, or as authorized by written release or by law, and to access and request amendments to our records of disclosures of the personal health record.
- To receive communication about rights as a patient and our statement of ethics as an organization

- To know the names of the physician or clinician primarily responsible for the care, and the identity of others providing care, and to understand any business relationships between provides and any other institution involved in the care.
- To understand services available, fees, and payment for those services, and eligibility policies, and to request an estimate of charges for routine care prior to receiving treatment
- To participate in making informed care decisions involving all aspects, processes, and ethical issues of care, including resolution of dilemmas and refusal of care.
- To receive information concerning outcomes of care, including diagnosis, treatments, benefits, drawbacks, prognosis, recuperation, unanticipated outcomes, alternative treatments, and medical consequences of refusal or discontinuation of care.
- To receive assessment and support in the management of pain as an important part of treatment.
- To give informed consent to treatment, procedures, photographs, and research, to be informed and involved in processes of research activities associated with care, and to refuse to participate in these activities without impacting care.
- To involve family members in care decisions, and to designated and involve a surrogate decision maker or legal representative if needed.
- To be involved in and receive resolution of conflict or concerns about care decisions. In addition, the patient has the right to file a complaint with the Texas Board of Physical Therapy & Occupational Therapy Examiners, and/or State Board of Examiners for Speech Language Pathology. concerning the staff, office, and treatment received. The patient should either call the Board with such a complaint or send a written complaint to the Board. The patient should be able to provide the name of the therapist or practice name, the address, and specific nature of the complaint.

The patient of Allied Therapies of Texas has the responsibility to participate in care reasonably and responsibly, in order to maximize positive outcomes and facilitate safe and effective care.

The patient and the patient's family are responsible:

- To provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to health or care.
- To communicate need for pain relief, and to participate in understanding and managing pain as a part of treatment.
- To convey whether they understand the proposed care and what is expected of them, and if not understood, to ask questions and make this known.
- To follow instructions and plan of care developed with the healthcare provider and to report unexpected changes in condition.
- To express any concerns about plan of care and the ability to understand and to follow it, and make every effort to work with the provider to adopt the plan to specific needs and limitations.
- To understand the consequences of not complying with plan of care.
- To be responsible for resulting outcomes if they refuse treatment or fail to follow instructions or the treatment plan.
- To keep appointments, and if unable to do so, to inform Allied or the therapist.
- To follow Allied rules and procedures affecting patient care and conduct.
- To show respect and consideration for the rights of other patients and staff, and to assist in control of noise, smoking, and distractions.
- To be respectful of property of others and of the personnel and property of Allied.

- To promptly fulfill financial obligations to Allied Therapies of Texas.
- To present any significant complaints or concerns about care to the person providing care, to any other Allied employee involved in the care, or to Allied administration.
- To help Allied Therapies of Texas improve its service and environment by providing feedback about service needs, expectations, and perceptions of care.

Attendance Policy

At Allied Therapies of Texas, we believe that consistent patient attendance and participation in therapy is absolutely necessary to achieve results. We wish to ensure the highest possible level of clinical success; therefore, we adhere to the following attendance policy:

Appointments must be cancelled a minimum of 24 hours in advance of your scheduled appointment start time. Canceled appointments can often be rescheduled if planned in advance. We encourage the rescheduling of missed visits in order to keep therapy results consistent. If attendance drops below 50% within a 30 day period for any reason, you will be notified and you may lose your regularly scheduled appointment time. Your physician will also be notified of any frequent absences or termination of therapy.

An absence is considered a No Show anytime Allied does not receive notice of a cancellation PRIOR to the appointment start time. If we do not hear from you, or hear from you after the appointment start time has passed, the visit will be considered No Show Status. The regular appointment time is lost after 3 No Show appointments, without exception.

Cancellations without 24 hour notice will be subject to a fee of \$5 per cancellation. No Show appointments will be subject to a fee of \$25 per incident, due at the time of the next visit. If a patient is unable to pay their cancellations or no show fees, 3 cans of food may be donated to waive a cancellation fee and 5 cans of food may be donated to waive a no show fee. All donated cans will be given to the local food bank at the end of each month.

As a courtesy, please give Allied as much advance notice as possible in the event of a cancellation. Often, those openings can be utilized to schedule therapy for other patients. Cancellations without adequate notice are a missed opportunity for both the patient to receive benefits from services and for the therapist to provide services to other individuals who may be in need.

Illness

We understand that cancellations due to illness are unavoidable. We do not allow individuals who have shown one or more of the following symptoms of contagious disease within the last 24 hours to receive treatment:

- Fever > 100 degrees
- Open/Draining Lesion
- Vomiting/Nausea
- Lice
- Chicken Pox
- Productive Cough
- Conjunctivitis/Pink Eye
- Hand, Foot, and Mouth Disease
- Strep Throat
- Diarrhea
- Any Other Contagious Disease Not Listed.

This will aid in the protection of the health of staff, other patients, and family members. Cancellations of less than 24 hours notice due to contagious disease will not be subjected to penalty; however, please be aware that Allied Therapies may request a doctor's note before resuming therapy.

Holidays

Allied Therapies of Texas is officially closed on the following holidays:

- Thanksgiving
- Christmas
- New Year's Day
- Independence Day
- Veteran's Day
- Memorial Day
- Labor Day

For all other holidays, please check directly with your treating therapies to determine availability.

Inclement Weather

In instances of inclement weather, we follow the closings and delay schedule of the Killeen school district. If the clinic is closed due to inclement weather, your treating therapist will contact you to confirm closing and reschedule your appointment. Client safety is extremely important to us. Please contact us if hazardous conditions prevent safe transportation to therapy. By signing the document in your intake packet, you certify that you have read and agree to abide by the Attendance Policy.

Clinic Rules

1. Parents/family members are not allowed in restricted areas, such as the treatment rooms and gym, unless prior arrangements have been made with the treating therapist to accompany the patient to therapy. Examples of times family members might be expected to participate in a therapy session include initial evaluations, upon therapist request, or during the first therapy session. If you would like to observe a therapy session, this can be arranged with your therapist.
2. Parents/guardians of infants and toddlers are allowed to regularly attend therapy with their child, but must please respect the privacy of other clients by remaining in the designated treatment area. If the child is able to attend therapy independently, we encourage that the parent/guardian wait in the waiting room in order to reduce distractions for their child and other patients during treatment. Please do not bring siblings to treatment areas.
3. If you accompany your child or family member to treatment areas to observe or participate in therapy sessions, we ask that you silence your cell phone and do not engage in personal phone calls or texting during treatment time.
4. Children who are not receiving direct therapy are not allowed in the treatment areas, unless they have to use the restroom. We cannot allow non-therapy children to play with or on the equipment or toys in the treatment areas. If your child is unable to make it to the restroom without being distracted by toys and equipment, please help them.
5. We request that parents remain in the building for the entire duration of their child's therapy treatment. This is for your child's protection and benefit, in case of medical emergency, assistance with personal needs (such as toileting or feeding), or in case a therapist needs to demonstrate an intervention technique. We request that family members/caregivers remain in the building during treatment when accompanying adult patients who are unable

- to independently address their own medical or personal needs.
6. Parents/family members must remain in the designated waiting area during the patient's therapy appointments. Please do not interrupt treatment sessions or go to the treatment rooms/gym area unless accompanied by an Allied employee.
 7. Please do not come directly to the treatment areas when you arrive at the clinic, even if you are late. Notify front desk staff of your arrival and the therapist will come to the waiting room to get you.
 8. For the privacy and HIPAA protection of all patients, please do not video record, audio record, or take photographs on Allied property without first obtaining permission from your therapist.
 9. Please do not smoke while on Allied property.

We sincerely appreciate your interest in your loved one's therapy! It is our desire to work together with family members to create an environment that is most conducive to treatment success. These rules are in place to protect the safety and privacy of our patients and to eliminate distractions that impede successful treatment. Thank you so much for your understanding and cooperation!