



## NOTICE OF PRIVACY PRACTICES

**Revised October 2023**

Revised September 2013 The terms of this Notice of Privacy Practices applies to BeKidsPT LLC operating as a provider of clinical services, and the clinicians and other professionals seeing and treating clients for BeKidsPT LLC. The staff of BeKidsPT LLC work and practice at 4695 Whipple Ave NW Canton, OH 44718, one or more of our satellite office(s), or out in the general community. All of our staff will share personal health information of clients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our clients' health information and to provide clients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at 4695 Whipple Ave NW Canton, OH 44718; or a copy may be obtained by mailing a request to HIPAA Compliance Officer, BeKidsPT LLC, 4695 Whipple Ave NW Canton, OH 44718; or you may view a copy on our website at [bekidspt.com](http://bekidspt.com).

**Your Authorization.** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that consent or authorization in writing, but we cannot take back any uses or disclosures already made with your permission.

**Uses and Disclosures for Treatment.** We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, Physical therapists, Occupational Therapists and speech---language---pathologists and other professionals involved in your care will use information in your record and information that you provide to plan a course of treatment with you. We may also release your

personal health information to another health care facility or professional who is not affiliated with our practice but who is or will be providing treatment to you.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information about services rendered to your insurance company. We may also use your information to prepare a bill to send to you or the person responsible for your payment. **Uses and Disclosures for Health Care Operations.** We will use and disclose your personal health information as necessary, and as permitted by law, for operations which include clinical improvement, peer review, business management, etc.

**Family and Friends Involved In Your Care.** With your approval, we may disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable or incapacitated and we determine that limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to an entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects of our services are performed through contracts with outside persons or organizations, such as subcontracted clinical professionals, supporting services such as language interpreting, auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your personal health information, limited to what the business associates need to know, to one or more of these outside persons. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Appointments and Services.** We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests to receive communications by alternative means. For instance, if you wish appointment reminders to not be left on voice mail, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to: HIPAA Compliance Officer, Rebecca Allen DPT BeKidsPT LLC 4695 Whipple Ave NW Canton, Ohio 44718,.

**Other Uses and Disclosures.** We will not use or disclose your health information for any purpose other than those you identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your revocation, but we cannot take back any uses or disclosures already made with your permission.

**Special Situations.** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information if we believe you to be a victim of abuse, neglect or domestic violence;
- We may release your personal health information to the FDA if necessary;
- We may release your personal health information to your employer when we have provided service at the request of your employer; in most cases you will receive notice about this;
- We may release your personal health information if required by law to a government oversight agency;
- We may release your personal health information if required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes.

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.