



## **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.

Therapeutic Services LLC is required, by law, to maintain the privacy and confidentiality of its client's protected health information and to provide its clients with notice of its legal duties and privacy practices with respect to its client 's protected health information.

### **Disclosure of Your Health Care Information**

#### **Treatment**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. (example)

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Therapeutic Services LLC. It is company policy to provide a substitute health care provider authorized by Therapeutic Services LLC to provide assessment and/ or treatment to our clients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

#### **Workers’ Compensation**

We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

#### **Emergencies**

We may disclose your health information to notify or assist a family member, or another authorized party responsible for your care about your medical condition or in the event of an emergency or your death.

#### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products & reactions to medications, & reporting disease or infection exposure.

#### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement**

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or subpoena and other law enforcement purposes.

**Public Safety**

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

**Marketing**

We may contact you for marketing purposes or fundraising purposes, as described below:

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a card, invitation, or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Therapeutic Services LLC sponsored fund-raising events.”

**Incidental Contact**

We may contact you for miscellaneous purposes as described below:

“As a courtesy to our clients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, we may leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

**Change of Ownership**

In the event that Therapeutic Services LLC is sold or merged with another organization, your health information/records will become the property of the new owner.

## **Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised; however, that Therapeutic Services LLC is not required to agree to the restrictions that you have requested.
- You may have the right to have your health information received or communicated through an alternative method, or sent to an alternative location other than the usual method of communication or delivery. Therapeutic Services LLC will respond to the reception of your written request within 10 business days. Please be advised that Therapeutic Services LLC is not required to agree to the alternative method or location you have requested and Therapeutic Services LLC 's reply will include the reasons for the decision.
- You may have the right to inspect your health information. Upon receiving written request Therapeutic Services LLC may make available for you to view the requested information within 10 business days. You also may have the right to a copy of your health information, which Therapeutic Services LLC may also make available to you upon your written request. Please be advised that all requests for copies of health information will be addressed within 30 working days of the request. Therapeutic Services LLC may charge a fee of \$.60 for each page copied. Please be advised if you request to have your health information mailed to you, Therapeutic Services LLC may charge for the postage to satisfy your request, and the information may be mailed with a signature required for receipt.
- You have the right to request that Therapeutic Services LLC amend your protected health information. Please be advised; however, that Therapeutic Services LLC is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) as well as information about how you may disagree with the denial.
- You may have a right to receive an accounting of disclosures of your protected health information made by Therapeutic Services LLC.
- You have the right to a paper copy of this Notice of Privacy Practices any time upon request.

## **Changes to this Notice of Privacy Practices**

Therapeutic Services LLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Therapeutic Services LLC is required by law to comply with this notice. Therapeutic Services LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice, or if you want more information about your privacy rights please contact our privacy officer by calling 973-477-1971, If our privacy officer is not available you may make an appointment for an in person conference or by telephone within two working days.

**Complaints**

Complaints about your privacy rights or how Therapeutic Services LLC has handled your health information should be directed to the owner, by calling this office at 973-477-1971. If the owner is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

This notice is effective as of: 1/01/2013

I understand that Therapeutic Services LLC "Notice of Privacy Practices" is available to me at any time as a printable PDF Document on their website at or [www.therapeuticservicesllc.com](http://www.therapeuticservicesllc.com): Yes No

I have received a paper copy of Therapeutic Services LLC 's "Notice of Privacy Practices" during the registration process and will review it at my convenience. Yes No

I understand my rights contained in this notice, and by way of my signature, I provide Therapeutic Services LLC with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment, and health care operations as described in the "Notice of Privacy Practices."

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Parent, Guardian, or Responsible Party Signature                      Relationship                      Date

\_\_\_\_\_  
Parent, Guardian, or Responsible Party Name