



Notice of Privacy and Confidentiality Practices

This notice is to inform you of compliance to the Health Insurance Portability and Accountability Act (HIPAA).

The Health Insurance Portability and Accountability Act (HIPAA) contains regulations and guidelines regarding the privacy and confidentiality of health care records and information. The updated HIPAA Privacy Rule grants some new rights and protections to you as a health care consumer. Laughing Giraffe Therapy currently follows all state and federal patient confidentiality laws and adheres to appropriate procedures to safeguard the privacy of our clients. Confidential records and client information are stored in secure areas. Staff with access to protected health information are trained and monitored for compliance in confidentiality and security policies. Your child's evaluation, treatment, etc. will not be discussed with any outside party without your written permission. HIPAA privacy requirements apply to protected health information in written, electronic or oral form.

Privacy:

Your confidentiality is important to us. The staff of Laughing Giraffe Therapy is required to maintain the confidentiality of all information regarding our clients. Sometimes we are allowed by law to use and disclose certain personal health information without your written permission. For example we may disclose your child's personal health information to report to public health authorities certain diseases, injuries or conditions. It may be necessary to disclose a communicable disease to other individuals who may have been exposed. We may also disclose your child's personal information in response to a court order or subpoena or discovery request. By law, we may disclose information to appropriate authorities to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect or domestic violence. Except for these uses the staff of Laughing Giraffe Therapy will not disclose your child's personal record without your written authorization. If you have given us written authorization to communicate with specific outside parties you may revoke your authorization by notifying us in writing at any given time. Please note that the revocation will not apply to any authorized release of information that took place before receiving your notice of revocation.

Client Rights:

You have a right to see and receive copies of your child's occupational therapy records. If you would like to see or receive a copy of these records, please submit a written request. After receiving your written request, we will let you know when and how you may see or obtain these records. We will charge a fee for all copies made. In most cases we will disclose all information related to your child's personal health information to you. There are occasional circumstances when we are permitted or even required by law to deny access to these records however these circumstances are very rare.

If you believe there is an error in your child's records or important information is missing, you may request that we correct or add to this record. If we approve your request we will make the correction or addition. If we deny your request, we will document our reasons in writing and explain your right to file a written statement of disagreement.

If you have any questions regarding this notice or want to lodge a complaint about our privacy policy, please let us know. We may change this notice and our privacy practices at any time as long as the change is consistent with state and federal law. If we make an important change to our privacy policies, we will promptly provide a new written notice.

I have read and understand these Privacy Policies.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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