

BLC Therapeutic Resources II, Inc.

PH: (786) 663-0707 (786) 285-1550 Fax: (954) 447-8844

Email: therapy@blctherapeutic.com

Notice of Privacy Policies – O.T./P.T./S.T.

It is the policy of this practice that all service providers and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to the client. The purpose of this policy is to ensure that this practice and its service providers and staff have the necessary PHI to provide the highest quality care possible while protecting the confidentiality of the PHI of the client to the highest degree possible. Clients should not be afraid to provide information to this practice and its service providers and staff for purposes of treatment, payment and healthcare operations (TPO). To that end, this practice and its service providers and staff will...

Adhere to the standards set forth in the Notice of Privacy Policies.

Collects use and disclose PHI only in conformance with state and federal laws and current clients covenants and/or authorization, as appropriate. The practice and its service providers and staff will not use or disclose PHI for uses of outside practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the client.

Use and disclose PHI to remind clients of their appointments unless they instruct us not to.

Recognize that PHI collected about clients must be accurate, timely, complete and available when needed. This practice and its service providers and staff will...

Implement reasonable measures to protect the integrity of all PHI maintained about clients.

Recognize that clients have a right to privacy. The practice and its service providers and staff respect the client's individual dignity at all times. The practice and its service providers and staff will respect client's privacy to the extent consistent with providing the highest quality care possible and with the efficient administration of the office.

Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, the practice and its service providers and staff will...

Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.

Not Disclose PHI data unless the client (or his or her authorized representative) has properly authorized the release, or the release is otherwise authorized by law.

Recognized that, although the practice "owns" the medical record the client has a right to inspect and obtain a copy of his/her PHI. In addition, clients have a right to request an amendment to his/her medical record if he/she believes his/her information is inaccurate or incomplete. This practice and its service providers and staff will...

Permit client's access to their medical records when their written requests are approved by the practice. If the request is denied, then this office will inform the client that they may request a review of the denial. In such a case, a legal and/or health care professional may review the client's appeal.

Provide clients an opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.

All service providers and staff of this practice will maintain a list of certain disclosures of PHI for purposes other than TPO for each client and those made pursuant to an authorization as required by HIPPA rules. We will provide this list to clients upon request, so long as their request is in writing.

All service providers and staff of this practice will adhere to any restrictions concerning the use of disclosure of PHI that clients have requested and have been approved by the practice.

All service providers and staff at this practice must adhere to this policy. This practice will not tolerate violations of this policy. Violations of this policy are grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with this practice's personnel rules and regulations.

This practice may change this Notice of Privacy Policy in the future. Any changes will be effective upon release of a revised Notice of Privacy Policy and will be made available to clients upon request.

Patient's Name

Therapist Signature

Date

Client / Guardian's Signature

Date

Print Name

Print Name