



Dragonfly Pediatric Therapy, Inc.  
13003 Camden Circle SE  
Huntsville, Alabama 35803  
Phone: 256-797-6001

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## Notice of Privacy Practices

**\*\*This notice describes how health information about your child may be used and disclosed and how you can get access to this information.\*\***

The federal government has legislated the Health Information Portability and Privacy Act (HIPPA). The new rules regulate the privacy and accessibility of health information regarding your child's care at Dragonfly Pediatric Therapy, Inc. We must follow these privacy practices that are described in this notice. You may request a copy of your notice at any time as applicable by law. Any changes added to this form will be available to you. You may request a copy of this at any time.

### **Use and Disclosure Information**

**Treatment**-We may use or disclose your child's health information to plan a course of treatment that includes evaluation, goals, and treatment approach. Your child's medical records will be provided to your health plan and referring physician.

**Payment**-We may use and disclose your child's health information to obtain payment for services we provide. A bill may be sent to you or your health insurance payer. The information on the bill may contain information that identifies you, your spouse, or your child. The information may include the child's date of birth, diagnosis, and procedures or supplies used.

**School and Agencies**-We may provide information requested for IEP's and evaluations with other professionals. We may disclose your child's information to doctors and other health professionals in regards to your child's care with us.

**Other Permitted Uses and Disclosures**-To public health authorities charged with preventing or controlling disease, injury, or disability. We will notify appropriate persons if we suspect child abuse or neglect.

We may need to provide medical information regarding your child to legal/judicial/administrative and law enforcement persons. We may need to send your information regarding your child's care or billing issues through the mail. We may also send you information about group programs when they become available. This information may come in a marked envelope with our address on it. We will not use or disclose your child's health information without written authorization.

### **Patient's Rights**

-You have the right to view your child's health record and request a copy of it. There may be a copying and postage fee. You may be asked to show proof of guardianship or parent (driver's license, court order, etc.)

-You may request an amendment to your child's record. We are not required to make this change, but it will be noted in the record.

-You may restrict anything in our privacy act by completing a restriction in written request form. We are not required to honor your request, but will make all efforts to accommodate reasonable requests. You may fax or mail this to us.

-Provide written authorization for uses and disclosures not otherwise permitted by law.

**If you feel your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services.**

Secretary-US Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**I have read and understand/agree with Dragonfly Pediatric Therapy, Inc.'s Privacy and Policy Act.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have been given a copy of this for my records.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_