

Breakthroughs In Healing Heidi Gould, OTR/L, CST

NOTICE OF PRIVACY PRACTICES

As required by HIPAA, this notice describes how your medical information may be used and disclosed, as well as how you may gain access to your information. Please review it carefully.

We respect your privacy and understand that your personal health information is very sensitive. We will not disclose your information to other others without your express written authorization, or unless the law authorizes and/or requires us to do so. Federal and State Laws allow us to use and disclose your protected information for the treatment and health care operations; such as

- Sharing your information with your insurer in order to obtain payment for services rendered. As part of our financial policy, you have authorized this office to do so when necessary.
- Employees and/or contracted employees of Heidi Gould, OTR/L, CST will have access to your records and may review them as necessary for treatment purposes. They are bound by the same doctor/patient ethics and HIPAA regulations.
- Other health care professionals that are directly involved in your care, such as your referring physician. We will release this information only upon request and written authorization from you.

We may also utilize some of your personal information, such as your mailing address, phone number and/or email address, from time to time in order to discuss your care, remind you of appointments, or inform you of any promotional events.

Patient Health Information Rights

The treatment and billing records that we create for you are the property of Heidi Gould, OTR/L. However, the protected information in it generally belongs to you. You have the right to:

- Request restrictions on certain uses and disclosures of your information.
- Revoke any prior written authorizations to release records at any time.
- Receive confidential communication of protected information.
- Inspect and copy your health records from our office.
- Amend your protected information.
- An accounting disclosure of your protected health information.

(Original information will not be permitted to leave the premises for copying purposes. You may bring in a copying service, or have Heidi Gould, OTR/L, CST provide copies for the standard fee allowed by law. If you wish to review your file or have it copied, you will need to pre-arrange a time to allow us to accommodate you.)

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGMENT

I, _____ have read and understand the above Notice of Privacy Practices.

Signature: _____ Date: ____ / ____ / ____