

P.A.L.S.

1370 Frelsburg Rd, Alletyon TX 78935

Phone: 979-733-4870, Fax: 979-732-6465

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Notice of Policies and Practices to Protect the Privacy of Your Health Information

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

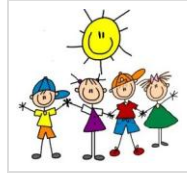
Introduction: At Physical and Academic Learning Services, PLLC we are committed to treating and using protected health information (PHI) about you responsibly. We are required by law to give you this notice. This notice describes information about privacy practices followed by our health care professionals, employees and staff who are authorized to enter information into our clinic records and/or have access to these records. It also describes our right as they are related to your PHI.

Understanding Your Health Record/Information: Each time you visit Physical and Academic Learning Services, PLLC, a record of your visit is made. Typically, this record contains your diagnosis, treatment and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care, treatment and services
- Means of communication amount the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify services billed were actually provided
- A tool in educating health professionals
- A source of data for planning and marketing
- A tool with which we can access and continually work to improve the care we render and the outcome we achieve.

Your Rights Regarding Health Information About You: Although your medical record is the physical property of Physical and Academic Learning Services, PLLC, the information belongs to you. You have a right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information



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- Request communications of your health information by alternative means or alternative locations.
- Request a restriction of certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information, except to the extent action has already been taken

Our Responsibility: Physical and Academic Learning Services, PLLC is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

How We May Disclose Health Information About You: The following categories describe different ways that we use and disclose health information. Not every use or disclosure in category is listed. However, all the ways we are permitted to use and disclose information fall within one of the categories.

- *For Treatment* - We may disclose health information about you to therapists, assistants and/or technicians, or other clinical personnel who are involved in taking care of you at our facility. For example, information may be shared should your primary therapist not be available, and you are treated by an associate. We may also disclose health information about you to people outside the clinic who may be involved in your medical care after you leave our facility, i.e., physician who orders services.
- *For Payment* - We may use and disclose health information about you so that treatment and series you receive may be billed to and payment may be collected from you or your insurance company. For example, we may need to give your health plan information about services that we performed so your health plan will pay us or reimburse you for those services.
- *For Healthcare Operations* - We may use and disclose health information about you in order to run our facility and to make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate the performance of our staff in



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caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

- *Treatment Alternatives* - We may tell you about or recommend possible treatment options or alternatives that may interest you. We may also tell you about health related products or services that may be of interest to you.
- *Public Health* - We will disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- *Law Enforcement* - We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- *Required by Law* - We will disclose health information about you when required by federal, state, or local law. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards, and we are potentially endangering one or more clients, workers or the public.

Changes to this Notice: We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. All changes will be updated and posted in our office. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.



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Consent to Use and Disclosure of Protected Health Information client Acknowledgement Form

Use and Disclosure of Your Protected Health Information

Your protected health information may be used by Physical and Academic Learning Services, PLLC, or disclosed to others for the purpose of treatment, obtaining payment or supporting the day-to-day health care operations of the practice.

Notice of Privacy Policies and Procedures

Our “Notice of Privacy and Procedures” provides information about how we may use and disclose protected health information (PHI) about you. As stated in our “Notice of Privacy Policies and Procedures”, the terms of our notice may change at any time. You should review the “Notice of Privacy Policies and Procedures” for a more complete description of how your protected health information may be used or disclosed.

Signature

I acknowledge I have been offered or have received a copy of our “Notice of Privacy Policies and Procedures”. I have reviewed this consent form and give permission to Physical and Academic Learning Services, PLLC, to use and disclose my information in accordance with it. I agree and understand that my minor child or I may be treated and discussed in an open concept with other clients and/or parents present. I further understand that should I elect to have treatment or a discussion in a closed environment, Physical and Academic Learning Services, PLLC will make every attempt to provide this service.

Date: _____ Signature: _____