

U Thrive Better OT, PLLC

NOTICE OF PRIVACY PRACTICES



Effective Date: _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

U Thrive Better OT, PLLC is committed to protecting the privacy and confidentiality of your protected health information (“PHI”). This Notice describes how we may use and disclose your health information, your rights regarding your information, and our legal responsibilities under the Health Insurance Portability and Accountability Act (HIPAA).

OUR LEGAL DUTIES

U Thrive Better OT, PLLC is required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice of Privacy Practices;
- Follow the terms of this Notice currently in effect; and
- Notify you if a breach occurs that may compromise the privacy or security of your information.

We reserve the right to revise this Notice at any time. Any revised Notice will apply to all information we maintain. Current copies of this Notice will be available upon request and on our website, if applicable.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use or disclose your protected health information for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, or manage your occupational therapy services.

Examples include:

- Collaborating with physicians, schools, therapists, or other providers;
- Reviewing evaluations and treatment plans;

- Discussing care with caregivers or authorized individuals.

2. Payment

We may use and disclose your information to obtain payment for services.

Examples include:

- Preparing invoices or superbills;
- Verifying insurance benefits;
- Collecting payment for services rendered.

3. Healthcare Operations

We may use your information for practice operations such as:

- Quality improvement;
- Staff training;
- Compliance activities;
- Business management;
- Scheduling and administrative activities.

4. Appointment Reminders and Communication

We may contact you regarding:

- Appointment reminders;
- Scheduling changes;
- Treatment follow-up;
- Information about services.

Communication may occur via:

- Phone;
- Voicemail;
- Email;
- Text messaging.



5. Individuals Involved in Care

With your permission, we may disclose relevant information to parents, guardians, caregivers, or others involved in the client's care.



6. As Required by Law

We may disclose information when required by federal or Washington State law, including:

- Reporting abuse or neglect;
- Court orders or subpoenas;
- Public health reporting;
- Law enforcement requests;
- Health oversight activities.

7. Emergency Situations

We may disclose information when necessary to prevent serious harm or respond to emergencies.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Certain uses and disclosures require your written authorization.

These may include:

- Marketing communications;
- Use of photographs or videos;
- Certain disclosures not otherwise permitted by HIPAA.

You may revoke an authorization in writing at any time, except where action has already been taken in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR INFORMATION

You have the following rights regarding your protected health information:

1. Right to Access Records

You may request copies of your records, subject to limited exceptions.

2. Right to Request Amendments

You may request corrections to your health information if you believe it is inaccurate or incomplete.



3. Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your information.

4. Right to Confidential Communications

You may request communication through specific methods or locations.

5. Right to an Accounting of Disclosures

You may request a list of certain disclosures made outside treatment, payment, and healthcare operations.

6. Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time.

ELECTRONIC COMMUNICATIONS

While U Thrive Better OT, PLLC makes reasonable efforts to protect electronic communications, email and text messaging may carry some privacy risks.

By providing your contact information, you acknowledge and accept these risks when communicating electronically.

MINORS

For pediatric clients, parents or legal guardians generally have authority regarding access to records and decision-making, unless otherwise limited by law.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

Jennifer Kociaj, MS, OTR/L
Privacy Officer
U Thrive Better OT, PLLC

Phone: _____

Email: jennifer@uthrivebetterot.com

Address: _____



You may also file a complaint with the U.S. Department of Health and Human Services without fear of retaliation.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices from U Thrive Better OT, PLLC.

Client Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____