

*All in 1 SPOT with TheraTalk*  
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#### NOTICE OF PRIVACY PRACTICES

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.

#### OUR COMMITMENT TO PRIVACY

At All in 1 SPOT with TheraTalk (the "Center"), we understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those persons who need to know and are allowed to see the information. This notice tells you how the Center uses and discloses information about you. It describes your rights and what our responsibilities are concerning information about you.

All members of the Center who are involved in providing health care or handling health care records are required to follow this Notice, including health care providers who need to review your record in order to provide services to you, and students or trainees that we allow to participate in your care.

This Notice applies to records that the Center creates or keeps relating to your health care and treatment, such as treatment records and billing records, whether on paper or in a computer system. If you are identifiable in those records ("protected health information").

#### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe ways in which the Center may use and disclose protected health information without your written authorization. This list includes some examples, but does not include every possible situation.

- **Treatment:** The Center will use protected health information to provide you with health care treatment and services. We may disclose protected health information about you to personnel and trainees who are involved in your treatment in the Center. We may also disclose protected health information about you to health care providers outside of the Center who are involved in your health care or treatment. For example, we may share information with your physician or other health care providers in order to coordinate services, such as lab work and other tests or treatment.
- **Payment:** The Center may use and disclose protected health information in order to bill and collect payment for the health care services and items you receive. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may need to disclose protected health information to your health insurer in order to obtain payment for services, to obtain prior approval, or to determine whether your plan will cover the treatment or service.
- **Health Care Operations:** We may use and disclose protected health information in order to conduct our normal health care operation. For example, we may use your protected health information to review the treatment and services provided, to evaluate the performance of our staff and trainees in caring for you, or to educate our staff on how to improve the care they provide for you. We may also disclose protected health information to other companies that perform business services for us, such as software vendors, attorneys, or accreditation agencies. In those situations, we will have a written agreement with those other companies to ensure that they will protect the privacy of your protected health information.
- **Reminders and Follow-up Phone Calls:** We may use and disclose protected health information to contact you with a reminder that you have an appointment for treatment. We may also call to follow up on care you received with us, to tell you of test results, or to confirm an appointment with another health care provider.
- **Treatment Alternatives or Other Health Related Benefits:** We may use and disclose protected health information to tell you about possible treatment alternatives or health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** Health Professionals in the Center, using their professional judgment, may disclose protected health to a family member, other relative, a close personal friend, or any other individual who is involved in your care or in payment for your care.
- **Emergencies:** The Center may use or disclose protected health information in emergency situations if there is no opportunity to object to such uses and disclosures because of your incapacity or an emergency treatment circumstance.
- **As Required By Law:** The Center will use or disclose protected health information to the extent that such use or disclosure is required by federal, state or local laws.
- **Public Health Risks:** We may use or disclose protected health information to authorized public health officials so they may carry out public health activities. For example, we may disclose your protected health information to the public health officials for the following reasons, in accordance with law.
  - To prevent or control disease, injury or disability; or
  - In relation to quality, safety or effectiveness of FDA-regulated products or activities.
- **To Avert Serious Threat to Health or Safety:** The Center may use or disclose protected health information if in good faith, we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Health Oversight Activities:** We may disclose your protected health to a health oversight agency for activities authorized by law. These agencies typically monitor the operation of the health care system, compliance with government regulatory programs, and licensure of health care professionals. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and licensure or disciplinary actions.
- **Workers' Compensation:** The Center may, in accordance with law, disclose protected health information for workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.
- **Lawsuits and Legal Proceedings:** The Center may use or disclose your protected health information in response to a court or administrative agency order, if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a subpoena or other lawful process by another party involved in the dispute, but only if we have received satisfactory assurances from the party

requesting the information that reasonable efforts received satisfactory assurances from the party requesting the information that reasonable efforts have been made to inform you of the request, or a qualified protective order has been obtained.

- **Law Enforcement Purposes:** The Center may disclose your protected health information to law enforcement reasons such as the following:
  - In response to court orders, warrants, subpoenas, or similar legal process;
  - To assist law enforcement officials with identifying or locating a suspect, fugitive, material witness, or missing person; if you have been or are suspected of being a victim of a crime and you agree to the disclosure, or if we are unable to obtain your agreement because of incapacity or other emergency
  - if we suspect that a death resulted from criminal conduct;
  - to report evidence of a criminal conduct that occurred on the premises of the Center;
  - to report a crime, including the location or victims of the crime, or the identity, description or location of the person who committed the crime.
- **Specialized Government Functions:** The center may use and disclose protected health information regarding:
  - Military and veteran activities;
  - Intelligence, counter-intelligence, and other national security activities authorized by law; or
  - Protective services for the President, to foreign heads of states, or to other persons authorized by law
- **Research:** We will ask you for your written authorization before using or disclosing your protected health information to conduct research. However, in limited circumstances we may use or disclose protected health information without authorization if:
  - the use or disclosure was approved by an Institutional Review Board or a Privacy Board, based upon special criteria that protect confidentiality of protected health information; or
  - we obtain appropriate assurances from the researcher that the information is necessary for preparation of a research protocol, protected health information will not be removed from the Center, and the information will be used solely for research purposes; or
  - the protected health information sought by the researcher relates only to decedents and the researcher agrees that the use or disclosures is necessary for the research.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

- **Rights to Inspect and Copy:** You have the right to inspect and receive a copy of your protected health information, including information maintained in our treatment and billing records. If you request a copy of your protected health information, we may charge a fee for the costs of copying. Under certain circumstances, we may deny your request to inspect or obtain a copy of your protected health information. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such denial, and will include a description of your rights to have the decision reviewed and how you can exercise those rights.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” An accounting of disclosures” is a list of disclosures the Center has made of your protected health information, except for the following:
  - Disclosures to carry out treatment, payment, and health care operations;
  - Disclosures made to you;
  - Disclosures in accordance with an authorization you signed;
  - Disclosures made in a facility directory or to persons involved in your care;
  - Disclosures for national security or intelligence purposes;
  - Disclosures to correctional institutions or law enforcement officials; or
  - Disclosures made before April 14, 2003

To request an accounting of disclosures, you must submit your request in writing and must state the time period for which you are requesting an accounting of disclosures, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request will be free. If you request additional lists within 12 months we will charge you for the costs of providing the list. We will notify you of the cost involved, and may choose to withdraw or modify your request at that time before costs are incurred. We will respond to your request at that time before costs are incurred. We will respond to your request for an accounting of disclosures within 60 days.

- **Right to Request Restrictions:** You have the right to request restriction or limitation on the protected health information we use or disclose about you for the treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will limit the disclosure of your protected health information unless the information is needed to provide you with emergency treatment or to comply with law. To request restrictions on disclosures, you must make your request in writing, and you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing. We will not ask you the reason or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.
- **Right to Receive a Paper Copy of This Notice:** You have the right to request a paper copy of this Notice at any time. Even if you have agreed to receive this Notice, please ask any staff member.

#### **CHANGES TO THIS NOTICE**

This Center reserves the right to revise the terms of this Notice of Privacy Practice. Any changes to this Notice will be effective for all records that the Center had created or maintained in the past, and for any of your records that we may create or maintain in the future.

If we make any changes to our Notice of Privacy Practices, the revised notice will be available to you on request. If we make a major change in this Notice that affect the use and disclosure of your protected health information, your rights, our duties, or our privacy practices, you will be informed in accordance with law. In addition, a copy of our current Notice of Privacy Practice is posted in a visible location at the Center at all times.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Office Manager. Submitting a complaint will not affect your status as a recipient of care in the Center, and the Center will not penalize you for filing a complaint.

#### **FOR FURTHER INFORMATION**

If you have any questions about this Notice of Privacy Practice, you may contact the Office Manager at (718)767-0071/0091.

## Notice of Privacy Practices Acknowledgment Form

By signing below, I acknowledge receiving a copy of the All in 1 SPOT with TheraTalk Notice of Privacy Practices.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**AUTHORIZATION  
for Disclosure and Use of  
PROTECTED HEALTH INFORMATION**

Name and address of individual:

\_\_\_\_\_

Description of the protected health information which is to be disclosed:

\_\_\_\_\_

Information is to be disclosed BY:

ALL IN 1 SPOT with THERATALK

Information is to be disclosed TO:

\_\_\_\_\_

Purpose(s) of disclosure or use:

\_\_\_\_\_

Date or event on which this authorization expires:

\_\_\_\_\_

Comments (optional):

\_\_\_\_\_

Acknowledgments:

This Authorization may be revoked in writing at any time, except to the extent that the entity disclosing the information has already relied upon it. Signing this Authorization is not a condition for treatment, payment, enrollment, or eligibility for benefits. I understand that if this Authorization allows my protected health information to be disclosed to a recipient that is not a health care provider or a health plan, the information disclosed may no longer be protected under the HIPAA Privacy Rule.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

If this authorization is signed by a personal representative of the individual, the representative's authority to act on behalf of the individual is:

\_\_\_\_\_

(saved as HIPAA updated, acknowledgement and release)