



CAPERNAUM PEDIATRIC THERAPY, INC.

6625 Lyndale Avenue South, Suite 430, Richfield, MN 55423-2373

PH 952-285-2840 | FX 952-285-2830 | www.capernaumpeds.com

Annual Patient Privacy and Confidentiality Policy

At Capernaum Pediatric Therapy, Inc., we value our clients and are very careful in the way we safeguard health information. "Protected Health Information" (PHI) is patient-identifiable information, whether oral, electronic, or paper, which is created or received by Capernaum Pediatric Therapy and relates to a client's healthcare or payment for the provision of service. We understand that the medical information about your child is personal, and we are committed to protecting the confidentiality of that information, wherever generated or used. This privacy and confidentiality policy will review how Capernaum Pediatric Therapy, Inc. may disclose your child's personal health information, where the information is stored, and your rights regarding medical information we maintain about your child.

How We May Use and Disclose Protected Health Information about Your Child

The following categories describe different ways that Capernaum Pediatric Therapy, Inc. may use and disclose protected health information. Not every use or disclosure is listed, however, all ways we are permitted to use and disclose information will fall within one of the following categories.

- **For Treatment and Health Care Operations:** We may use your child's medical information to provide, coordinate, or manage your therapy services, including coordination or management with a third party, and consultation between health care providers both within and outside of Capernaum Pediatric Therapy, Inc. We may also disclose information to business associates so that they may provide services (ex. billing clearinghouses, legal services) to Capernaum Pediatric Therapy, Inc. We may also disclose information to individuals involved in your care (family member, personal care attendant, nanny, etc.) unless notified in writing. *For example, your child's M.D. may call and ask about your child's progress.*
- **For Payment:** We may use and disclose medical information to your insurance carrier or third party payor in relation to obtaining payment for service(s). *For example, we may need to give information about your child's treatment, visit notes, etc. to your health insurance plan provider so they will pay for the services.*
- **In Event of a Disaster or Serious Threat to Health or Safety:** We may disclose your child's personal information to other health care providers and to an entity assisting in a disaster relief effort to coordinate care, so your family can be notified about your child's condition or location. We may also disclose information to prevent or lessen a serious threat to your child's health and safety. We can share information about your child to prevent disease, help with product recalls, report adverse reactions to medication, or suspect abuse, neglect, or domestic violence. *For example, if your child is required to be evacuated from a site in an ambulance, we would provide health information to the EMT if a parent/guardian is not present.*
- **As May be Required by Law:** We may disclose your child's personal information in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; to report about criminal conduct, or in emergency situations to report a crime, the location of crimes or victims, or the identity, description, or location of the person who committed the crime. *For example, the court may subpoena your child's medical records.*
- **Quality Assurance and Surveys:** Your information may be shared within Capernaum Pediatric Therapy, Inc. in chart reviews to ensure compliance and the integrity of services provided to your child. We may also disclose your child's medical information if requested by representatives of the commissioner authorized to survey or investigate home care providers, or other state or federal agencies with authorization to review records, as well as authorized personnel from insurance companies authorized to do audits to ensure compliance and the integrity of the services provided. *For example, DHS may come to do a review of Capernaum, and they will review our medical records.*
- **Research:** We can use or share information for health research.

Storage of Personal Health Information

- Permanent paper charts for active clients seen before 4/4/2016 by Capernaum Pediatric Therapy, Inc. will be housed at the clinic office (6625 Lyndale Avenue South, Suite 430, Richfield, MN 55423-2373). These charts are not to be removed until after one

calendar year following discharge from services. At that time, the chart may be transported to a secure location for storage.

- Working files may be kept by each therapist. These files will be kept in a secure place and will not be available to others unless a *Release of Information* has been signed.
- All current client records are in our EMR (electronic medical records) system which is password protected and encrypted.

Your Rights Regarding Your Child's Medical Information

- **Right to Inspect and Copy:** You have the right to inspect and copy any medical information that may be used to make decisions in your child's care. This usually includes medical and billing records. For a full file copy, a request must be submitted in writing to the owner. Requests may be denied in very limited circumstances (release of psychological therapy notes) if deemed to be in the best interest of the child.
- **Right to Request an Amendment:** If you feel that medical information we have on file is inaccurate or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to the owner. In addition, you must provide a reason that supports your request. We may deny the request if the amendment request relates to information not created by Capernaum Pediatric Therapy, is not part of the medical information kept by us, or if the information currently on file is deemed accurate and complete. At any time, you may submit information to be included in your child's file.
- **Right to Request Restrictions and Alternative Communication:**
 1. You have the right to request a restriction or limitation on our use or disclosure of your child's protected health care information. Such requests must be in writing. If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment.
 2. You also have the right to request alternate communication methods when discussing your child's care or records. We will accommodate all reasonable requests. Information held electronically will be provided in electronic form, if requested.
 3. You have the right to restrict disclosure of PHI to your health insurance company for payment if the services and items provided during a visit have been paid in full by the patient or their guardian.
 4. You may also restrict information in regards to family members, disaster relief, in a directory, or for fundraising.

For further information regarding your rights, please contact the MN Department of Health at 651-201-5178, view the "Access to Health Records Notice of Rights" online at <http://www.health.state.mn.us/divs/hpsc/dap/notice.pdf>, or visit www.health.state.mn.us for more information about specific rights.

Our Responsibilities

We are required by law to maintain the privacy and security of your child's protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your child's information. We will not use or share information other than as described here unless you tell us we can in writing. You may change your mind at any time as to who you want us to share information with; however, you must inform us of this change in writing.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Capernaum Pediatric Therapy, Inc. or with the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

To file a complaint with Capernaum, contact:

Capernaum Pediatric Therapy, Inc.

Attn: Bonna Olson, Owner
6625 Lyndale Avenue South, Suite 430
Richfield, MN 55423-2373
Phone: 952-285-2840

To file a complaint with the Department of Health and Human Services, contact:

U.S. Dept. of Health and Human Services Office for Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
www.hhs.gov/ocr/hipaa

Changes to this Notice: Capernaum Pediatric Therapy, Inc. reserves the right to change the terms of this notice and make new notice provisions effective for all protected health information that Capernaum Pediatric Therapy, Inc. maintains.

NOTE: You may request an electronic copy of this policy, if you so desire.

Rev. 12/2018 (HB/CS/clinic)