



Please review our Notice of Privacy Practices carefully. The privacy of your health information is important to us. This notice describes how health information about you may be used and disclosed, and how you can get access to this information.

Our Legal Duty We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this HIPAA Notification Policy about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Policy at any time. For more information about our privacy practices or for additional copies, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Health Information: Your permission (authorization) is necessary before your health records are shared. We may use and disclose health information about your child for treatment, payment, and healthcare operations. Possible examples of how your personal health information may be utilized is as follows:

Treatment: We may use or disclose your health information to a physician or other healthcare provider who is providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written

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Pg. 1 of 4



authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: If we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes, we may disclose your health information to appropriate authorities.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having custody of protected health information of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as e-mail and voicemail messages, text or letters).

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Pg. 2 of 4



Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. We will use the format you request unless we cannot practically do so.

Amendment: You have the right to request that we amend your health information. We may deny your request under certain circumstances.

Questions and Complaints: If you want more information about our privacy practices or have questions, please contact Emily Derks, Positive Notes Director.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us, The AZ Department of Health Services, or with the U.S. Department of Health and Human Services.



I acknowledge that I have received the Notice of Privacy Practices (Notice). The Notice describes, in accordance with the HIPAA Privacy Regulations, how Positive Notes may use and disclose my child's protected health information to carry out treatment, payment or health care operations and for the other specific purposes that are permitted or required by law. The Notice also describes my rights and Positive Notes duties with respect to protected health information about my child.

Child's Name

Signature of Parent or Guardian

Date