



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.*

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

Your Information

When you receive treatment from Motiv8 Pediatric Therapy, LLC, we receive, create and maintain information about your health, treatment, and payment for services. We will not disclose your information without your written consent/authorization except as described in this notice.

We may use and disclose your health information without your authorization for treatment, payment, and health care operation purposes. Examples include but are not limited to:

- Using or sharing your health information with other health care providers involved in your treatment
- Using or sharing your health information with your health plan to obtain payment for services or using your health information to determine your eligibility for government benefits in a health plan.
- Using or sharing your health information to run our business, to evaluate provider performance, to educate health professionals, or for general administrative activities.

We may share your health information with our business associates who need the information to perform services on our behalf and agree to protect the privacy and security of your health information according to agency standards.

We may use or share your health information without your authorization as authorized by law for our patient directory, to family or friends involved in your care, or to a disaster relief agency for purposes of notifying your family or friends of your location and status in an emergency situation.

We may use and disclose your health information without your authorization to contact you for the following activities, as permitted by law and agency policy: providing appointment reminders; describing or recommending treatment alternatives; providing information about health-related benefits and services that may be of interest to you; or fundraising.

We may also use and disclose your health information without your authorization for the following purposes:

- For public health activities such as reporting diseases, injuries, births or deaths to a public health authority authorized to receive this information, or to report medical device issues to the FDA;
- To comply with workers compensation laws and similar programs;
- To alert appropriate authorities about victims of abuse, neglect, or domestic violence; if the agency reasonably believes you are a victim of abuse, neglect, or domestic violence we will make every

effort to obtain your permission, however, in some cases we may be required or authorized to alert the authorities;

- For health oversight activities such as audits, investigations, and inspections of Motiv8 Pediatric Therapy, LLC
- For research approved by an Institutional Review Board or privacy board; for preparing for research such as writing a research proposal; or for research on decedents information;
- To create or share de-identified or partially de-identified health information (limited data sets);
- For judicial and administrative proceedings such as responding to a subpoena or other lawful order;
- For law enforcement purposes such as identifying or locating a suspect or missing person;
- To coroners, medical examiners, or funeral directors as needed for their jobs;
- To organizations that handle organ, eye or tissue donation, procurement, or transplantation;
- To avert a serious threat to health or public safety;
- For specialized government functions such as military and veteran activities, national security and intelligence activities, and for other law enforcement custodial situations;
- For incidental disclosures such as when information is overheard in a waiting room despite reasonable steps to keep information confidential; and as otherwise required or permitted by local, state, or federal law.

Additional privacy protections under state or federal law apply to substance abuse information, mental health information, certain disease-related information, or genetic information. We will not use or share these types of information unless expressly authorized by law. We will not use or disclose genetic information for underwriting purposes.

We will always obtain your authorization to use or share your information for marketing purposes, if there is payment from a third party, or for any other disclosure not described in this notice or required by law. You have the right to cancel your authorization, except to the extent that we have taken action based on your authorization.

Your Privacy Rights

Although your health record is the property of Motiv8 Pediatric Therapy, LLC, you have the right to:

- Inspect and get a copy of your health information, medical reports, upon written request and subject to some exceptions. We may charge you a reasonable, cost-based fee for providing records as permitted by law.
- Correct your medical record about what you think is incorrect or incomplete. We may say “no” to your request, but you will be notified in writing.
- Receive confidential communications of your health information, such as requesting that we contact you at a certain address or phone number. You may be required to make the request in writing with a statement or explanation for the request.
- Ask to limit what information is used or share. You can ask us to not use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it affects your care. If you pay a service out-of-pocket in full, you can ask us to no share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- Request an accounting (a list) of certain disclosures of your health information that we make without your authorization. You have the right to receive one accounting free of charge in any twelve-month period.
- Obtain a paper copy of this notice upon request at any time
- File a complaint if you feel we have violated your rights by contacting us or filing a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by mail at 1301 Young St., Suite 1169, Dallas, Texas 75202; or by telephone at (800) 368-1019.

Your choices

For certain health information, you can tell us your choices about what we share. You have both the right and choice to tell us:

- Share information with your family, close friend, and others involved in your care
- Share information in a disaster related situation
- Include your information in a hospital directory

If you are unable to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Duties

We are required to provide you with notice of our legal duties and our privacy practices with respect to your health information. We must maintain the privacy of information that identifies you and notify you in the event your health information is used or disclosed in a manner that compromises the privacy of your health information.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the revised notice effective for all health information that we maintain. You may request a copy of the revised notice at any time.

This Notice of Privacy Practices applies to Motiv8 Pediatric Therapy, LLC

03/01/2021