

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Astrid Rothmund Therapies LLC to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's Notice requirement with respect to all health information created, received, or maintained by Astrid Rothmund Therapies LLC in order to administer and provide you with health care benefits.

This notice describes Astrid Rothmund Therapies LLC health information privacy policy and tells you the ways we may use and disclose health information about you, describes your rights, and the obligations regarding the use and disclosure of your health information.

PRIVACY POLICY AND PRACTICES

The privacy policy and practices of Astrid Rothmund Therapies LLC protects confidential health information that identifies you or could be used to identify you and relates to a health condition or the payment of your health care expenses. This individually identifiable health information about you is known as "Protected Health Information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws. In addition, Astrid Rothmund Therapies LLC, has password-protected all patient files on the computer used for documentations.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I use and disclose your protected health information to treat you, to obtain payment for services and to conduct normal business known as health care operations.

Treatment – I may have to disclose your health information including all of your clinical records to another health care provider or a hospital who is providing health care for you.

Payment – I may have to disclose your treatment records and your billing records to another party, such as an insurance carrier, if they are responsible for the payment of your services.

Business Associates – Billing services are provided to Astrid Rothmund Therapies LLC by a third-party administrator (PT Billing Associates) who may input your billing information into an electronic claims processing system. Astrid Rothmund Therapies LLC requires its business associates to appropriately safeguard all of your information.

In accordance with state law, HIPAA, and other federal laws, I will give copies of medical and billing records to the patient upon written request, and the patient may amend any errors.

I, _____ have received a Copy of the Confidentiality Notice and it has been explained to me.

Signature: _____ Date: _____

Parent (if necessary) _____ Date: _____