



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (effect 8.1.08)

By law, "we" (Seven Bridges Therapy and its employees) are required to protect the privacy of your identifiable medical and other health information. We are also required by law to give you this notice to tell you how we may use and give out "disclose" your protected health information held by Seven Bridges Therapy and its health practitioners. We must follow the terms of this notice when using or disclosing your protected health information except as described below. This notice is effective August 1, 2008.

How we may use your protected health information:

We will generally obtain your written authorization before using your protected health information. This section explains those situations where, under federal law, we may use or disclose your protected health information without your permission.

We do not need to obtain your written permission to use your protected health information for the following procedures:

Treatment: We use and disclose your protected health information to provide health care services to you/your child (speech therapy/evaluations). This includes uses to treat you/your child, to contact you regarding appointments, or to give you information about treatment alternatives.

Payment: We may use and disclose your protected health information to obtain payment for health care services that we provide to you. This includes uses to submit and obtain payment from your health insurer or HMO or to verify that your payor will pay for your health care.

Health Care Operations: We may use and disclose your protected health information for our health care operations such as internal administration and planning. This also includes uses to evaluate the quality and competence of our health care providers, to train students, interns, fellows, or to identify health-related services and products that may be beneficial to your /your child's health.

We may also disclose your protected health information to third parties to assist us in these activities. We may also disclose this information to relatives, caregivers and personal representatives who are with you or appear on your behalf.

For any purpose other than the ones described above, we may only use or disclose your protected health information when you give us your written consent.

Uses and Disclosures of Health Information

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact Shannon Kong.

Individual Rights

You have the right to look at or get a copy of health information about your child that we use to make decisions about your child. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the

missing information. You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Shannon Kong. You also may send a written complaint to the U.S. Department of Health and Human Services.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact: Shannon Kong at 2528 Ocean Ave, San Francisco, Ca 94132, Shannon@SevenBridgesTherapy.com.

I acknowledge receipt of this privacy notice.

Signature

Print Name

Date

Name of patient