

# Notice of Privacy Practices

**YOUR INFORMATION.  
YOUR RIGHTS.  
OUR RESPONSIBILITIES.**

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.**

**Effective Date:** January 1, 2019

## INTRODUCTION

Thank you for choosing to be a part of our community at Gateway Pediatric Therapy, LLC. We are committed to protecting your personal information and your right to privacy. Gateway Pediatric Therapy takes your privacy very seriously.

In this notice, we describe our privacy policy. We seek to explain this information in the clearest way possible about the information we collect, how it is used, and what rights you have in relation to it. If you have questions or concerns about our policy, or our practices with regards to your personal information, there is contact information at the end of this notice for your reference.

Please read this privacy notice carefully, as it will help you make informed decisions about your personal information.

## INFORMATION IN THIS PRIVACY PRACTICE NOTICE

1. Your Rights Under the Health Insurance Portability and Accountability Act (HIPAA)
2. Your Choices Under HIPAA
3. Our Uses and Disclosures of Protected Health Information (PHI)
4. Your Rights
5. Your Choices
6. Our Uses and Disclosures
7. Our Responsibilities
8. Contact Information

## YOUR RIGHTS UNDER HIPAA

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

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| <b>Obtain a copy of your paper or electronic medical record</b>    | <ul style="list-style-type: none"><li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. To make a request, please contact us.</li></ul>                 |
| <b>Make corrections to your paper or electronic medical record</b> | <ul style="list-style-type: none"><li>You may ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. To make a request, please contact us.</li></ul>   |
| <b>Request confidential communication</b>                          | <ul style="list-style-type: none"><li>You may ask us to contact you in a specific way (ex. home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.</li></ul>   |
| <b>Ask us to limit the information that is shared</b>              | <ul style="list-style-type: none"><li>You may ask us not to use or share certain health information for treatment, payment, or our operations. Gateway is not required to agree with your request, and we may deny the request if it could affect your care.</li></ul>   |
| <b>Obtain a list of those with whom your information is shared</b> | <ul style="list-style-type: none"><li>You may request a list of the times we have shared your health information for six years prior to the date you ask, who it was shared with, and why.</li></ul>   |
| <b>Obtain a copy of the current privacy notice</b>                 | <ul style="list-style-type: none"><li>You may submit a request for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Gateway will provide you with a paper copy promptly.</li></ul>   |
| <b>Choose someone to act on your behalf</b>                        | <ul style="list-style-type: none"><li>If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information for you. We will make sure the person has the authority and can act on your behalf before action is taken.</li></ul> |

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**File a complaint if you feel that your rights have been violated**

- You may file a complaint if you feel that your rights have been violated by contacting us using the information located at the end of this notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201 or visit the website. [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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*\*Gateway will not retaliate against you for filing a complaint.*

## YOUR CHOICES UNDER HIPAA

**For certain health information, you are able to tell us your choices about what we share and use.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you would like us to do, and we will follow your instructions.

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**In these cases, you have both the right and the choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference(s), 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.*

## OTHER USES AND DISCLOSURES

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

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**Treat you:**

- We can use your health information and share it with other professionals who are treating you.
- **Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

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**Run our organization:**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  - **Example:** We use your health information about you to manage your treatment and services.
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**Bill for your services:**

- We can use and share your health information to bill and get payment from health plans and other entities.
- **Example:** We provide information about you to your health insurance plan for payment of your services.

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*\*GATEWAY NEVER MARKETS OR SELLS PERSONAL INFORMATION*

## OTHER USES AND DISCLOSURES

### How else can we use or share your information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html).

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**Help with public health and safety issues:**

- We can share health information about you for certain situations such as:
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse, neglect, or domestic violence.
  - Preventing or reducing a serious threat to anyone's health or safety.

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**Comply with the law:**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Resources (DHHS) if it wants to see that we are complying with federal privacy law.

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**Address workers' compensation, law enforcement, and other government requests:**

- We can use or share health information about you:
  - For workers' compensations claims.
  - For law enforcement purposes.
  - With health oversight agencies for activities authorized by law.
  - For special government functions.

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**Respond to lawsuits and legal actions:**

- We can share health information about you in response to a court or administrative order, or in a response to a subpoena.
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## OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information (PHI). You will be notified promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. Gateway will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Additionally, let us know in writing if you do change your mind.

For more information see:

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**

### CHANGES TO THE TERMS OF THIS NOTICE

Gateway can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**OMBUDSMAN:** Gateway's Ombudsman may be reached at:

Gateway Pediatric Therapy, LLC  
32100 Telegraph Rd. Ste 185  
Bingham Farms, MI 48025  
Attn: Caroline Kelly, Ombudsman  
Toll-Free Phone: (866) 293-3863 ext. 6238754874  
Email: [compliance@gatewaypediatrictherapy.com](mailto:compliance@gatewaypediatrictherapy.com)

*\*This notice applies to Gateway Pediatric Therapy, LLC which includes its subsidiaries and affiliates throughout the country.*

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I, \_\_\_\_\_, hereby acknowledge that I have received and reviewed a copy of *Gateway Pediatric Therapy's Notice of Privacy Practices* explaining:

- How this office will use and disclose my Protected Health Information
- My privacy rights with regard to my Protected Health Information
- Gateway's obligation concerning the use and disclosure of my Protected Health Information.

I understand that the Notice of Privacy Practices may be revised at any time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request. I also understand that if any questions or complaints, I may contact:

Gateway Pediatric Therapy, LLC  
32100 Telegraph Rd, Suite 205  
Bingham Farms, MI 48025  
ATTN: Ombudsman  
Toll Free: (866) 293-3863 ext: 6238754874  
Email: [compliance@gatewaypediatrictherapy.com](mailto:compliance@gatewaypediatrictherapy.com)

## PATIENT OR PERSONAL REPRESENTATIVE

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

## FOR OFFICE USE ONLY

We made a good faith effort to obtain an acknowledgement of \_\_\_\_\_, receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reason (check all that apply)

- Patient refused to sign (date of refusal) \_\_\_/\_\_\_/\_\_\_.
- Communication barriers prohibited obtaining an acknowledgement.
- An emergency situation prevented us from obtaining an acknowledgement.
- Other: \_\_\_\_\_
- Attempt was made by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_