



NOTICE OF PRIVACY PRACTICES

Effective Date: April 5, 2006

This notice describes how health information about you and/or your child may be used, disclosed, and how you can access this information. Please review this information carefully.

If you have any questions about this notice, please contact Jennifer Gober via email or mail:

Kinetic Kids Incorporated
1000 West Ave. # 1411
Miami Beach, FL, 33139
Jgober01@hotmail.com

OUR COMMITMENT TO YOUR PRIVACY:

We understand that information about you and your health is very personal; therefore, we are committed to protecting your privacy. Each time you visit Kinetic Kids or are seen by one of our staff members, we create a record of the care and services you receive. This record is necessary to provide you with high quality care and to ensure that we are in compliance with certain legal requirements. This notice applies to all of your health information that is in our custody.

This notice will describe the ways in which we may use and disclose your medical information. We reserve the right to change the terms of this notice at any time. Any revision to this notice will be applicable to all medical information we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. A copy of the current notice is in effect and available upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use your health information within Kinetic Kids and disclose your health information to persons and entities outside Kinetic Kids.

Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

TREATMENT- We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to hospitals, physicians, health management companies, healthcare providers, insurance companies, school board, family member, social workers, interns, or other personnel, and centers who are involved in taking care of you during a visit with us.

PAYMENT- We may use and disclose health information about you so that the treatment and services you receive at Kinetic Kids may be billed. In order for payment to be collected from you, insurance companies, other payers, and/or third parties. Information may be disclosed via electronic transmission, internet, telephone, fax, mail correspondence, and/or verbally. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan and primary care physician (PCP). In addition, health information may be disclosed to billing agents that serve as a clearinghouse for electronic claims transmission and/or to collection agencies that contract with our practice to assist in collecting on past due accounts.

KINETIC KIDS, INCORPORATED

Occupational Therapy, Physical Therapy,
Speech Language Pathology and Consulting Services

2051 NW 112th Ave #125, Miami, FL 33172-1835

Phone: 305-878-0083 Fax: 305-477-7808

Email: awildac@kinetickidstherapy.com, jenniferg@kinetickidstherapy.com

HEALTHCARE OPERATIONS- We may use and disclose health information about you for healthcare operations, including quality assurance activities, administrative activities, including Kinetic Kids financial planning, business planning and development, customer service activities, including investigation of complaints; and certain marketing and fundraising activities, etc. This may also include disclosing information necessary for professional conferences and grants for research awarded to Kinetic Kids. This may also include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses, and credentials we need in order to best serve you. These uses and disclosures are necessary for Kinetic Kids to insure that all of our clients receive quality care.

HEALTH RELATED PRODUCTS OR SERVICES- We may notify you of health related products and services that may be of interest to you. We may also refer you to outside agencies for services we feel may be beneficial in the treatment of you and/or your child.

RESEARCH THAT DOESN'T INVOLVE YOUR TREATMENT- When a research study does not involve any treatment, we may disclose your health information to researchers when an institutional review board has reviewed the research proposal, has established appropriate protocol to ensure the privacy of your health information, and has approved the research.

FAMILY MEMBERS AND FRIENDS- We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if family members are in the treatment area with you or in the observation room viewing the treatment sessions and/or evaluation, we will assume that you agree to our disclosure of your information in their presence.

CLIENT DIRECTORY- We may include certain limited information about you in our practice's client directory while you are an active client of our practice. Directory information may include your name, address, telephone, email address, date of birth and your initial date of visit to our office. This directory is only for our office use and will not be disclosed to any outside person.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures related to that family member or friend's involvement in your care. For example, if you present to our staff with an emergency medical condition, we may share information with the family member or friend that is present.

LAW ENFORCEMENT- We may disclose health information if asked to do so by law enforcement officials for the following reason:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of a criminal conduct
- About criminal conduct at our facility
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

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CORONER, MEDICAL EXAMINERS AND FUNERAL HOME DIRECTORS- We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about clients at our facility to funeral home directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES- We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

INMATES- If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

LEGAL REQUIREMENTS- We will disclose health information about you without your permission when required to do so by federal, state or local law.

“WITH YOUR SPECIFIC WRITTEN AUTHORIZATION”

Other uses and disclosures of health information not covered by this Notice of the laws that apply to us will be made only with your written permission (called “authorization”). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR HEALTH INFORMATION RIGHTS

Although your health records are the physical property of Kinetic Kids entity that created it, the information belongs to you. You have certain rights with respect to your information as described below. If you wish to exercise your rights, you may complete preprinted forms at registration or write directly to the privacy officer.

1. Right to Inspect and Copy:

You have the right to inspect and request duplicate copies of your medical information. Usually this includes medical and billing records but does not include therapy notes. If you request a copy of this information, we will charge you a fee of \$1.00 per page for the costs of copying, mailing, or any other supplies associated with your request. We may deny your request to inspect and or copy your medical information in certain circumstances. If you are denied this request, you may request that the denial be appealed.

2. Right to amend

If you feel that medical information we have about you is incorrect or incomplete, you may request that we amend your information. You also have the right to request an amendment for as long as the information is kept by our practice. We may deny your request for an amendment if it is not provided in writing or if you do not provide a valid reason for the request.

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3. Special Situations That Do Not Require Your Authorization

The following disclosures of your health information are permitted by law without any oral or written permission from you:

- **Military and Veterans-** If you are a member of the armed forces, we may release health information about you as required by military command authorities.
- **Worker’s Compensation-** We may release health information about you for worker’s compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.
- **Averting a Serious Threat to Health or Safety-** We may use and/or disclose health information about you when necessary to prevent a serious threat to your health, safety, or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.
- **Public Health Activities-** We may disclose health information about you for public health activities. These generally include the following:
 - To prevent or control disease, injury or disability
 - To report births and deaths
 - To report child abuse or neglect
 - To report reactions to medications, problems with products or other adverse events
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - To notify the appropriate government authority if we believe a client has been the victim of abuse (including child abuse), neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES- We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES- If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Information pertaining to children under 18 will only be released to the parent with custody of the child.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised changes notice effective for medical information we already have about you, as well as, any information we receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting:

Awilda Corcino (office manager)
(305)878-0083
2051 NW 112th Ave Suite 124, 125
Miami, FL 33172

INDIVIDUAL CLIENT'S AUTHORIZATION AND ACKNOWLEDGEMENT

I give my authorization to use or disclose my protected medical information as described above. I give this information voluntarily.

I have read and received the Notice of Privacy Practices and I have been provided the opportunity to review it.

Date: _____

Client's Name: _____

Date of Birth: _____

Parent/Guardian print: _____

Parent/Guardian signature: _____