



## **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.

Stepping Stones Therapy Inc. uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Stepping Stones Therapy, Inc.

### **HOW STEPPING STONES THERAPY INC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

For Treatment: Stepping Stones Therapy Inc. may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment: Stepping Stones Therapy Inc. may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations: Stepping Stones Therapy Inc. may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Appointments: Stepping Stones Therapy Inc. may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may leave a message on an automated answering device or person answering the phone or by e-mail for the purposes of scheduling appointments. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Merger/Sale: In the event that we are sold or merged with another organization, your health information/record will become the property of the new owner.

Open Areas: Sometimes patient care and discussion occurs in an open area. While special care is taken to maintain patient privacy, some patient information may be overheard by others while in our office. Should you be uncomfortable with this, please bring this to the attention of a staff member.

Required by Law: Stepping Stones Therapy Inc. may use and disclose information about you as required by law. For example, Stepping Stones Therapy Inc. may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect, or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation: Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other Uses: Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent that Stepping Stones Therapy Inc. has taken action in reliance on such.

#### **YOUR HEALTH INFORMATION RIGHTS:**

You have the right to:

- Request restriction on certain uses and disclosures of your information as provided by 45 C.F.R. 164.522; however, Stepping Stones Therapy Inc. is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of privacy practices upon request;
- Inspect and obtain a copy of your health record as provided in C.F.R. 45 164.524
- Request that your health record be amended as provided in 45 C.F.R. 45 164.526
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information as provided by 45 C.F.R. 164.528.

#### **COMPLAINTS:**

You may complain to Stepping Stones Therapy Inc. and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, Texas 75202  
Voice Phone (800) 368-1019  
FAX (214) 767-0432  
TDD (800) 537-7697

#### **OBLIGATIONS OF STEPPING STONES THERAPY INC.:**

Stepping Stones Therapy Inc. is required by law to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

Stepping Stones Therapy Inc. reserves the right to change its information practices to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by written request to Annette Wilkes, MOT, OTR at the address below.

#### **Contact Information:**

If you have any questions or complaints, please contact:  
Annette Wilkes, MOT, OTR/Owner  
3605 Yucca Dr. Suite 102  
Flower Mound, TX 75028  
(972)874-9400

## **NOTICE OF PRIVACY PRACTICES**

Please sign and date, acknowledging you have read and agree to the terms.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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Revision 1/2/20