



honeybeetherapyservices.com  
info@honeybeetherapyservices.com  
Phone: (919) 408-7353

## 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 (HIPAA) requires *Honeybee Therapy Services, PLLC* to provide this notice to you.

### PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal and sensitive in nature. We are committed to protecting the privacy of this information. Each time a screening, evaluation, or treatment session is provided, a record of the care and services administered is created. These records are necessary to provide quality care, and to comply with legal requirements. This notice applies to all patient care records. This notice will tell you about the ways in which we may use and share your health information about you. We also describe your rights and certain obligations we have regarding the use and sharing of health information.

"Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This notice refers to practices followed by our clinical and administrative staff while you are a patient of *Honeybee Therapy Services, PLLC*. This notice refers to services provided at our office, the patient's home, or other natural environment.

We reserve the right to change this notice at any time. When changes are made, a new Notice of Privacy Practices will be posted on our website. You may also request a current copy of our notice at any time.

### OUR RESPONSIBILITIES

Our primary responsibility regarding your personal health information is to keep it safe. We must also give you this notice of privacy practices, and we must follow the terms of the notice.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways in which we may use or release your health information. All permitted uses will fall within one of the following categories, even if not listed here.

- **Treatment:** We may use or disclose your health information to provide you with medical treatment and healthcare services. We may share your health information with, or request it from doctors, nurses, technicians, medical students, interns, health information exchanges, or others who are involved in your care during your visit with us or elsewhere for continuity of care.
- **Payment:** We may use or disclose your health information so the treatment and services you receive may be billed and payment collected from you, an insurance company or a third party. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan.
- **Health Care Operations:** These uses or disclosures are necessary to conduct our business operations and make sure all of our patients receive quality care. Some of these uses may include, but are not limited to, quality assurance activities, administrative activities, customer service activities, and employee review and training. We may use your health information to communicate with you about treatment related benefits that could be of interest to you, to obtain payment for services, or to conduct our business operations. We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. However, we do not receive financial remuneration from a third party in exchange for making these communications.
- **Scheduling and Appointment Reminders:** We may use health information to contact you to schedule care, or provide reminders that you have an appointment for medical care with our facility. We may contact you by phone to schedule appointments or to follow up on our care. It is our policy never to leave vital health care information on voice mail. With your written permission, we may communicate with you via unencrypted email. With your written permission, we may share your health information with those you tell us will be helping your child or family member with her/her therapy program.

### SITUATIONS THAT DO NOT REQUIRE YOUR VERBAL AGREEMENT OR WRITTEN AUTHORIZATION

The following uses 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 share your health information as required by military command authorities.
- **Worker's Compensation:** We may share your health information 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 share your health information when necessary to prevent a serious threat to the health and safety of you or another person or the public.

- **Public Health Activities:** We may share your health information 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 people of recalls of products they may be using; 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 patient has been the victim of abuse, neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.
- **Law Enforcement:** We may share your health information if asked to do so by law enforcement officials in the following circumstances: when we receive a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; when the patient is the victim of a crime if we are unable to obtain the person's agreement; when we believe the patient's death may be the result of criminal conduct; 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.
- **National Security and Intelligence Activities:** We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Legal Requirements:** We will share your health information without your permission when required to do so by federal, state or local law.

## YOUR HEALTH INFORMATION RIGHTS

Your information and health records belong to you. You have the right to:

- Request a restriction on certain uses of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested, and to whom you want the restriction to apply. *Honeybee Therapy Services, PLLC* is not required to agree to your requested restriction except if you request that *Honeybee Therapy Services, PLLC* not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out-of-pocket.
- Obtain a copy of this Notice of Privacy Practices upon request.
- Inspect and request a copy of your protected health information for a fee. If you request a copy in electronic format, we must provide the information in an electronic format. We may deny your request under limited circumstances. If we deny you access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review.
- Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if: it is not in writing, does not include a reason to support the request, the information was not created by our healthcare team, it is not part of the information kept by our facility, it is not part of the information which you would be permitted to inspect and copy, or the information already in the record is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record. If we disagree with your request you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question.
- Obtain a record of the sharing/disclosures of your health information. The accounting will only list information shared for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization.
- Request communication of your health information by alternative means or to alternative locations. We will honor reasonable requests when you provide the alternative address/contact information and information on how payment will be handled.
- Name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information of minors unless the minors are permitted by law to act on their own behalf.
- Revoke your authorization for us to use or share health information. This will not apply to any prior actions taken.
- Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States. If you believe your privacy rights have been violated, you may file a complaint with the US Secretary of the Department of Health and Human Services.
- You have the right to receive notice of a breach if your unsecured protected health information has been breached.

**We reserve the right to change this notice at any time. When changes are made, a new Notice of Privacy Practices will be posted on our website. You may also request a current copy of our notice at any time.**

**Effective January, 2021**

**If you have any questions or concerns, please contact us:**

honeybeetherapyservices.com

info@honeybeetherapyservices.com

Phone: (919) 408-7353