



# Milestone Pediatric Therapy Services, Inc

40 Professional Drive Jefferson, GA 30549

Phone: 706-367-1141 Fax: 706-367-1142

## 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 CAREFULLY.

Milestone Pediatric Therapy Services, Inc. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **Disclosure of Your Health Care Information**

#### **Treatment-**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

“On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Milestone Pediatric Therapy Services, Inc.”

“It is our policy to provide a substitute health care provider, authorized by Milestone Pediatric Therapy Services, Inc. to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacation, sickness, or other emergency situation.”

#### **Payment-**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Milestone Pediatric Therapy Services, Inc. for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received.”

#### **Emergencies-**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceedings.

### **Law Enforcement**

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

### **Research**

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

### **Public Safety**

If may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious an imminent threat to the health or safety of a particular person or to the general public.

### **Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

### **Marketing**

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

“No personal health information will be disclosed during a 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.”  
“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation, or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such event. It is not our policy to disclose any personal health information about your condition for the purpose of Milestone Pediatric Therapy Services, Inc. sponsored fund-raising events.”

### **Change of Ownership**

In the event that Milestone Pediatric Therapy Services, Inc. is sold or merged with another organization, your health information/records will become the property of the new owner.

### **Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Milestone Pediatric Therapy Services, Inc. is not required to agree to the restriction that you have requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Milestone Pediatric Therapy Services, Inc. amend your protected health information. Please be advised, however, that Milestone Pediatric Therapy Services, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Milestone Pediatric Therapy Services, Inc.
- You have a right to a paper copy of the Notice of Privacy Practices at any time upon request.

### **Change to this Notice of Privacy Practices**

Milestone Pediatric Therapy Services, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Milestone Pediatric Therapy Services, Inc. is required by law to comply with this Notice.

Milestone Pediatric Therapy Services, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact our office.

You may contact Milestone Pediatric Therapy Services, Inc for more information on our privacy policy at the below address and telephone number:

Milestone Pediatric Therapy Services, Inc  
40 Professional Drive  
Jefferson, GA 30549  
Office: 706-367-1141 Fax: 706-367-1142

Complaints about your Privacy rights or how Milestone Pediatric Therapy Services, Inc. has handled your health information should be directed to our office.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201



# Milestone Pediatric Therapy Services, Inc

40 Professional Drive Jefferson, GA 30549

Phone: 706-367-1411 Fax: 706-367-1412

## Acknowledgement of Notice of Privacy Practices and General Privacy Consent

I hereby certify that I have received a copy of the Milestone Pediatric Therapy Services Notice of Privacy and Practices with an effective date of January 1, 2008. I am aware and acknowledge that this Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that I may direct any questions, concerns, or complaints about the privacy practices of Milestone Pediatric Therapy Services to the company's Chief Privacy Officer at 706-367-1141.

I am also aware that my home health treatment requires that a copy of my clinical record, containing protected health information, be kept in my home. I have been advised and agree that the protection and security of my in-home clinical record remains my responsibility; and I must be diligent to prevent persons not entitled or authorized to view this information from accessing it.

By virtue of this document, I am also giving my consent to Milestone Pediatric Therapy Services, and/or its operating subsidiaries to use and/or disclose my protected health information for the purposes of treatment, payment and operations. I understand that Milestone Pediatric Therapy Services may in the course of rendering care to me, disclose personal health information about me to my family, close friends, or any other person that I identify as long as the information disclosed is relevant to their involvement in my care or payment of my care. I understand that I may opt-out or otherwise restrict the disclosure of my information to such persons providing notice to Milestone Pediatric Therapy Services.

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Signature (Parent/Legal Guardian)

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Relationship to Patient

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Printed Name

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Date

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Witness