



6022 S. Lindbergh Blvd., Ste.100
St. Louis, MO 63123
314-845-7751
Fax: 314-845-7752
pskids@sbcglobal.net
www.ps-kids.com

NOTICE OF PRIVACY PRACTICES

Protecting your privacy and your medical information is our priority. We recognize our obligation to keep your information secure and confidential whether in written, oral, or electronic format. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization; process claims and otherwise meet your needs. We safeguard information during all business practices according to established security standards and procedures. Our employees are trained to understand and comply with these principles. This notice describes how medical information (including but not limited to, health and birth history, daily therapy notes, evaluations, and any plan of treatment or care) about your child may be used and disclosed and how you can get access to this information. Please review it carefully and keep this notice for future reference. We are required by law to provide you with this notice that explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for healthcare operations, as well as other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information, which are described in the following.

WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following describes different ways that we use and disclose your protected health information (PHI). Examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your PHI fall within one of these categories.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services.

Payment: We will use and disclose your PHI to obtain payment for the health care services we provide you. For example—we may include information with a bill to third party payers that identifies your child and his or her diagnosis, procedures performed, and progress which has been made.

Health Care Operations: We will use and disclose your PHI to support the business activities or our practice. For example—we may use review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your PHI to third party business associates who perform billing services for our agency. These people acting on our behalf and are obligated contractually to keep the information that we provide them confidential.

Treatment Alternatives: We will use and disclose your PHI to tell you about or to recommend possible alternative treatments or options that may be of interest to you

Others Involved in your Care: We will use and disclose your PHI to a family member or relative, or any other person you identify that is involved in your medical care or payment for care.

As Required by Law: We will use and disclose your PHI when required to by federal, state, or local law. You will be notified of any such disclosures unless we are prohibited from doing so.

To Avert a Serious Threat to Public Health or Safety: We will use and disclose your PHI to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability.

Although your health record is the physical property of the facility that compiled it, the information belongs to you. You have a right to:

Inspect and Copy: You have the right to inspect and copy the PHI that we maintain about your child in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes we have may not be included for review or copy, by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect your medical information, you must submit your request in writing to our address listed below. We then have 30 days to respond to your request for information that we maintain at our practice site.

Request Amendment: You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing, stating exactly what information is incomplete or inaccurate and your reasoning that supports your request. We may deny your request if it is not in writing, does not include a reason to support the request, or if

- The information was not created by us, or the person who created it is no longer available to make the amendment
- The information is not part of the record that you are permitted to inspect and copy
- The information is not part of the designated record set kept by this agency
- It is of the opinion of the health care provider that the information is accurate and complete

Request Restrictions: You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment, payment or health care operations. Your request must be made in writing to our office. We are not required to agree to your request if we feel it is in your child's best interest to use or disclose that information. However if we do agree, we will comply with your request.

An Accounting of Disclosures: You have the right to request a list of the disclosures of your child's health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be made in writing and you must state the time period for the requested information. You may not request information for any date prior to April 14, 2003 (the compliance date for the federal regulation) nor for a period of time greater than six years (our legal obligation to obtain information). Your first request for a list of disclosures within a 12-month period will be free. If your request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and give you the opportunity to withdraw your request before any costs are incurred.

Request Confidential Communications: You have the right to request how we communicate with you to preserve your privacy. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint: If you believe we have violated your child's medical information privacy rights, you have the right to file a complaint with our office or directly to the Secretary of Health and Human Services. To file a complaint with our office, you must make it in writing within 180 days of the suspected violation. Know that there would be no retaliation for your filing a complaint.

USES OR DISCLOSURES NOT COVERED

Uses or disclosures of your child's health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorizations in writing at any time and we will no longer disclose health information about your child for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation. For more information please call Molly Hunter, our Compliance Officer at 314-845-7751. You may contact us in writing at PS Kids, LLC, 6022 S. Lindbergh Blvd Ste. 100, St. Louis, MO 63123.



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CLIENT GRIEVANCE POLICY AND PROCEDURE

It is the policy of P.S. Kids, LLC to provide services to all persons without regard to race, color, national origin, religion, sex, age, or disability. No person shall be excluded from participation in or be denied the benefits of any service, or be subjected to discrimination because of race, color, nationality, religion, sex, age or disability. It is also our policy to protect the privacy of our clients.

If you feel that your child's privacy has been violated, or that you have been denied a benefit or service because of your race, color, national origin, age, sex, disability, religious or political beliefs you may file a Complaint of Discrimination with the facility administrators, either verbally or in writing. A written response will be issued to you within 15 days of complaint notice. If you need assistance, the facility administrators will be able to assist you. Please contact:

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You may also file a Complaint of Privacy Violation, or Complaint of Discrimination with either of the external agencies listed below. If you choose to file your complaint in writing, you must include your name, address, telephone number and a brief description of what occurred which led you to believe you were discriminated against. Please note that the Department of Social Services has a toll-free number in Addition to a TDD number.

Department of Social Services
Office for Civil Rights
PO Box 12527
Jefferson City, MO 65102
(573) 751-9092
800-776-8041 or TDD 800-426-6919

Department of Health and Human Service
Office for Civil Rights
601 East 12th Street
Kansas City, MO 64106
816-426-7277

You will not be intimidated harassed, threatened or suffer any penalty because you file a complaint. Laws prohibit any penalty or reprisal against you or any other involved persons.