



Notice of Privacy Practices

This notice explains how your medical information may be used and disclosed and how you can gain access to this information. Please review it carefully. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. If you have any questions, you can call us at (336) 725-0222.

Your Rights

You have the right to:

- Obtain a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Obtain a copy of this notice
- Obtain a list of those with whom we have shared your information
- Choose someone to act for you or as your representative
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have a choice in the way we use & share information as we inform family, caregivers, & others interested in your care about your condition.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Bill for your services
- Help with public health and safety issues
- Operate our healthcare organization. This includes (if applicable to you) obtaining permission from your child's insurance company to provide in-school IEP services and coordinating and managing those services with school system staff.
- Address workers' compensation, law enforcement, and other government requests

- Respond to lawsuits and legal actions in compliance with the law

SMS & Texting

No Sharing of Mobile Information Clause: No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. All text messaging originator opt-in data and consent will not be shared with any third parties.

Online Contact Form Opt-In Clause: By submitting your phone number, you authorize us to send you text messages regarding appointment reminders, scheduling, account updates, and any inquiries you may have. Message frequency varies. Data rates may apply. Text HELP for help, or for immediate help, you can call us at 336-725-0222. Reply STOP to unsubscribe from future messages.

Messaging Terms & Conditions: When you opt-in to receive SMS/MMS communications from Primary Care Associates, you agree to receive appointment reminders, scheduling, account updates, and any inquiries you may have. Message frequency may vary. Message & Data rates may apply. You may opt-out at any time by texting STOP. For assistance you can text HELP or contact us at 336-725-0222.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities to help you. Inspect or obtain an electronic or paper copy of your medical record.

- You can ask us to see or obtain an electronic or paper copy of your medical record & other health information we have about you.
- We will provide a copy or a summary of your health information, typically within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will explain why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home phone, office phone or by email) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Obtain a list of those with whom we have shared information.

- You can ask for an accounting of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. A request for such accounting will be responded to within 60 days, which may be a request on our part for an additional 30 days to respond and the reasons for such a delay.
- We will include all the disclosures except for those about treatment, payment, and health care operations, for such uses as separately and expressly authorized by you, and certain other disclosures, such as any you asked us to make. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Obtain a copy of this privacy notice.

- You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

You can file a complaint if you feel we have violated your rights. Call us at 865-693-5622 and ask to speak to Krissie Self, email kself@mysidekicktherapy.com or write to us at the address listed at the bottom of page 2 of this notice.

You can file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint with us or the Secretary of U.S. Department of Health and Human Services.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us how to share information with those involved in your care.

Our Uses and Disclosures**How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

- **Treat you.** We can use your health information and share it with other professionals who are treating you or who have referred you to us for services.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- **Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

- **Bill for your services.** We can use and share your health information to bill and obtain payment from health plans or other entities. Example: We provide information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to demonstrate compliance with federal privacy law.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.

Respond to lawsuits and legal actions.

We can share health information about you in response to a legal order from a court or administrative order, or in response to a subpoena. Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

Changes to the Terms of this Notice

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, in our Office and on our website.

Other Instructions for Notice

- This notice is effective June 1, 2021. It replaces our earlier notice.
- Krissie Self is our company's privacy contact. You may contact her by phone at (865) 693-5622, email at kself@mysidekicktherapy.com, or write to 185 Charlois Blvd, Winston Salem, NC 27103

Your child's public school system may have approved an Individualized Education Program (IEP) for your child that includes speech pathology services. If your child receives such IEP-related services, we will use or disclose your child's information and patient file to school system staff, including the school's Special Education Department. We provide this information to: (i) help the school system manage the services we provide to children with IEPs, and (ii) inform the school system and Special Education Department staff of your child's evaluation results, therapy, progress in therapy, and progress toward meeting your child's IEP goals.