



NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used, disclosed, and how you can access this information. Please review carefully. If you have any questions about this notice, please contact 1(404) 815-9393

Professional Therapy Providers understands that your health information is personal. We are committed to protecting this information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

We are required by law to:

1. Make sure that your health information is kept private
2. Give you this notice of our legal duties and privacy practices

You have certain rights under the federal privacy laws. These include:

How We Collect Information About You:

Professional Therapy Providers and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from therapeutic documentation necessary to effectively treat and record progress throughout the duration of therapy both for insurance reimbursement purposes and therapy standards of care.



What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to intake documentation, evaluations, treatment forms, or professional correspondence, is held in strictest confidence. We do not distribute any personal information about clients that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information:

Information is only used as is reasonably necessary to provide you with therapy services that may require Professional Therapy Providers and health care providers, medical service providers, pharmacies, insurance companies, and other providers necessary to provide necessary care and reimbursements.

Limited Right to Use Non-Identifying Personal Information, Letters, Notes, and Other Correspondence: Any pictures, stories, correspondence (including electronic), or thank you notes sent to us become the exclusive property of Professional Therapy Providers. We reserve the right to use non-identifying information about our clients for promotional purposes that are directly related to the company.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.



You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent

Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting the U.S. Office of Civil Rights, Washington, DC. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

This notice is effective as of 05/01/2012 I have read the Privacy Notice and understand my rights contained in the notice.

Patient's Name (print) or Child's name

Patient's Signature or Parent's Signature

Date

Healthcare Provider's Signature

Date