



Patient/Member: _____

Notice of Privacy Policy

PLEASE READ CAREFULLY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or verbally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI).

Uses and Disclosures of Protected Health Information: Your Protected Health Information may be used and disclosed by your BCBA, your therapist, and/or our office staff for the purpose of providing quality health care services to you, to pay your health care bills, to support operation of the therapy practice and any other use required by law.

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent: Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law.

Release of patient information pursuant to 45 CFR 164.508: By signing this document, you authorize and request the disclosure of all protected health information for the purposes of review and evaluation in connection with a legal claim. By signing this document, you expressly request that the designated record custodian of all covered entities under HIPAA identified as Therapy Center of Acadiana, LLC, located at 300 Park West Dr. Scott, LA 70583, disclose full and complete protected medical information including all medical records, meaning every page on record, including but not limited to: office notes, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, correspondence, photographs, videotapes, telephone messages, and records received by other medical providers. All records from consultations and/or evaluations, test scores, and as progress notes. All disability, Medicaid or Medicare records including claim forms, if applicable. All billing records including all statements, insurance claim forms, itemized bills, and records of billing to third party payers and payment or denial of benefits for the entire period from consultation, start of treatment to last therapy session.

Privacy Policy Acknowledgement

I acknowledge that I have read and agree to the attached Privacy Policy provided to me by the Therapy Center of Acadiana.

Patient's Name: _____

Signature of Patient or Legal Guardian

Date

Staff Member Signature

Date

Therapy Center of Acadiana, LLC, 300 Park West Drive, Scott, LA 70583
Mail to: P.O. Box 331, Scott, LA 70583-0331
Email to: TCAcadiana@yahoo.com
Ph: 337-233-1167 Fax: 337-233-1168