



HIPPA Statement

This notice describes how medical information about you may be used and disclosed. This notice applies to information and records regarding your health care maintained at kiddOTherapy, LLC, that pertains to medical records and insurance information.

MEDICAL INFORMATION

kiddOTherapy, LLC is committed to protecting your medical information. We maintain a record of the care and services you receive in health services for use in your ongoing care and treatment. This notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Protect your medical information.
- Give you this notice describing our legal duties and privacy practices with respect to medical information about you.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

FOR TREATMENT

We may use your medical information in providing you with medical treatment or services. We may disclose your medical information to doctors, nurses, counselors or other system of care personnel who are involved in your treatment in our office, at a hospital, physician's office or clinic setting.

LEGAL ACTIONS

We may disclose information about you in response to a subpoena, warrant or other lawful process.

PUBLIC HEALTH RISKS

We may disclose medical information about you for public health purposes which may include the following:

- Preventing or controlling disease.
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notifying the appropriate authority if we believe a patient has been a victim of abuse and make this disclosure as required by law.





FOR PAYMENT

We may disclose medical information about you so that treatment and services you receive at kiddoTherapy, LLC for payment related purposes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Your medical record is the property of kiddoTherapy, LLC. You have the following rights regarding medical information we maintain for you.

RIGHT TO COPY AND REVIEW

You have the right to review and receive a copy of your medical records. A request in writing is required for obtaining a copy of your medical records.

DATE _____ CLIENT _____

Parent/Guardian _____

Please feel free to contact Courtney Carsman, OTR/L with any questions, comments or concerns at (513) 309-3905 or courtney@kiddotherapy.com.

