

Playworks Therapy HIPPA Privacy Policies

09/23/2025

playworksspeech.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AT PLAYWORKS AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Patti Wilson at patti@playworksspeech.com

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This information is considered protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires that we provide you with a notice regarding how your PHI may be used or disclosed and your rights concerning that information. This notice applies to all of the records of your care generated by and as part of the care furnished to you at Playworks.

Playworks' Responsibilities

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised copy by accessing our web site www.playworksspeech.com, calling 703-243-4600 and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. If any major change is made to this Notice, it will automatically be provided to you at the time of your next visit to at Playworks. It will also be posted on our website at the time of the change.

Uses and Disclosures

How we may use and disclose Medical Information about your child.

The following categories describe examples of the way we use and disclose medical information:

For Treatment: We may use medical information about your child to provide them treatment or services. We may disclose medical information about your child to treating therapists, supervisors, billing coordinators, operation managers involved in claims submission and therapy students. For example, we may provide a substitute therapist at Playworks treatment notes from the last session to allow for quality care in the absence of the primary therapist. We may disclose medical information about your child to other treating therapists within Playworks. For example, a physical therapist may update a speech therapist on information that will help that therapist support posture, etc.

Playworks Therapy HIPPA Privacy Policies

Payment: Your PHI will be used, as needed, to obtain payment for your child's health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose your PHI in order to support the business activities of Playworks. These activities include, but are not limited to, quality assessment activities, employee review activities, training of therapy students, and licensing. We will not share PHI for marketing purposes unless you have signed an additional disclosure with consent.

We may also call your child by name in the waiting room when we are ready to assist you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment.

We may use or disclose your PHI as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, wellness programs, or other community based initiatives or activities in which our facilities are participating.

Organized Health Care Arrangement: Playworks' facilities deliver care in clinically integrated settings in which individuals may receive care from more than one therapist. Playworks may utilize a shared electronic health record database. We are presenting you this document as a joint notice for these purposes. Information will be shared as necessary to carry out treatment, payment and health care operations. Caregivers may have access to PHI to assist in reviewing past treatment as it may affect treatment at the time.

Health Information Exchange: WITH YOUR SIGNED CONSENT ON OUR CONSENT FOR SERVICES FORM, we may make your protected health information available electronically through an information exchange service to other health care providers that request your information. Participation in information exchange services also lets us see health care information about you from other health care providers who participate in the exchange. If you do not give express written consent that we can share PHI with other medical professionals, we will keep all information confidential. This does not apply to insurance companies.

We will share PHI with insurance plans for the purpose of helping you receive reimbursement for your child's care.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or legal authorities charged with preventing or controlling disease, injury or disability

Playworks Therapy HIPPA Privacy Policies

- Correctional institutions
- Workers Compensation agents
- Military command authorities
- Health oversight agencies
- Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes. For example, in response to a court order, subpoena, warrant, summons or similar process.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If Virginia Law is more stringent than Federal privacy laws, Virginia law preempts the Federal law. Uses or disclosures of your PHI not described in this notice will be made solely upon written authorization from you or your personal representative. Written authorizations may be revoked by contacting the department originally authorized to use/disclose the information.

Your Health Information Rights:

Although your health record is the physical property of the health care practitioner or facility that compiled it, you have the right to:

- **Inspect and Copy:** You have the right to inspect and copy medical information in our possession that may be used to make decisions about your care. As a rule, this includes medical and billing records, but does not include psychotherapy notes. You may request an electronic copy of your PHI maintained in Playworks' Ensora portal. Access to your records must be provided within 15 days of the receipt of your request.
- **Request an Amendment of Your Information:** If you feel that your medical information we have on file is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as Playworks retains the information. We may deny your request for an amendment and, if this occurs, you will be notified of the reason for the denial and will be provided with your options as defined in the HIPAA Privacy Rule.
- **Request an Accounting of Disclosures:** You have the right to request an accounting of any disclosures we make of your medical information for purposes other than treatment, payment or health care operations.
- **Right to Restrict Release of Information For Certain Services:**
 - You have the right to request a restriction on disclosure of health information about services you paid for out of pocket in full. This request should be made prior to the service being provided and applies only if the disclosure is to a health plan for purposes of payment or health care operations.
 - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.
 - You also have the right to request a limit on the medical information we disclose about your child to someone who is involved in your child's care or the payment for their care, like a family member or friend. For example, you could ask that we not disclose information about your child's course of treatment. Restrictions should be requested in writing.
- **Request Confidential Communications:** You have the right to request that we

Playworks Therapy HIPPA Privacy Policies

communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at a location other than your home or by U.S. Mail. Such requests must be made in writing and must include a mailing address where bills for services and related correspondence regarding payment for services will be received. It is important that you note that Playworks reserves the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **Breach Notification:** You have a right to be notified following a breach of your unsecured PHI.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you have agreed to receive this notice electronically.

You may obtain a copy of this notice at our web site

<http://www.playworksspeech.com>

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in Playworks facility and will include the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. You may file a complaint with the Secretary of the Department of Health and Human Services. Instructions for filing a complaint with the Secretary are found at: www.hhs.gov/ocr/privacy.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint about Playworks' Privacy practices.**

OTHER USES OF MEDICAL INFORMATION

We are required to retain our records of the care that we provided to you. Playworks will make other uses and disclosures of medical information not covered by this notice or the laws that apply to us only with your written permission. If you provide us permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If we receive written revocation of your permission, we will cease the use or disclose medical information you originally authorized. We would not be able to take back any disclosures we had already made with your permission.