

APEX PEDIATRIC THERAPY SERVICES

Phone: (847) 376 9191; Fax: (847) 589 5875

info@apexped.com; www.apexped.com

PRIVACY OF INFORMATION POLICIES

This form describes the confidentiality of your child's personal records, how the information is used, your rights, and how you may obtain this information.

Our Legal Duties

State and Federal laws require that we keep your child's personal records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our privacy policies for all personal records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation, intake, or therapy session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Information about your child may be used by the personnel associated with this agency for treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide your child with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with this agency such as billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a child cannot be shared with another party without the written consent of the child or the child's legal guardian or personal representative. It is the policy of this agency not to release any information about a child without a signed release of information except in certain emergency situations or exceptions in which child information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect

When a child discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the child discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the child.

Public Safety

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

Abuse

If a child states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a child is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

In the Event of a Child's Death

In the event of a child's death, the parents of a deceased child have a right to access their child's records.

APEX PEDIATRIC THERAPY SERVICES

Phone: (847) 376 9191; Fax: (847) 589 5875

info@apexped.com; www.apexped.com

Professional Misconduct

Other health care professionals must report professional misconduct by a health care professional. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released to substantiate disciplinary concerns.

Judicial or Administrative Proceedings

Health care professionals are required to release records of a child when a court order has been placed.

Minors/Guardianship

Parents or legal guardians of non--emancipated minor child have the right to access the child's records.

Other Provisions

Illinois Department of Human Services is given information that they request regarding services to the child. Information, which may be requested, includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about child may be disclosed in consultations with other professionals to provide the best possible treatment. In such cases the name of the child, or any identifying information, is not disclosed. Clinical information about the child is discussed. Some progress notes and reports are dictated/typed within the agency or by outside sources specializing in (and held accountable for) such procedures.

In the event in which the agency or behavior analyst must telephone the parents for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the agency or the nature of the call, but rather the behavior analyst's first name only. If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to the parent (or guardian) without identifying the name of the agency. If the person answering the phone asks for more identifying information, we will say that it is a personal call. We will not identify the agency (to protect confidentiality). If we reach an answering machine or voice mail, we will follow the same guidelines.

Your Rights

You have the right to request to review or receive your child's files. The procedures for obtaining a copy of your child's medical information are as follows. You may request a copy of your child's records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. The custodial parents or legal guardians must request records for non--emancipated minors.

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing.

You have the right to disagree with the personal records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your child's file.

APEX PEDIATRIC THERAPY SERVICES

Phone: (847) 376 9191; Fax: (847) 589 5875

info@apexped.com; www.apexped.com

You have the right to know what information in your child's record has been provided to whom. Please request this in writing by emailing info@apexped.com.

Complaints

If you have any complaints or questions regarding these procedures, please contact the agency at (847) 376 9191. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the Behavior Analyst Certification Board. If you file a complaint, we will not retaliate in any way.

Direct all correspondence to: info@apexped.com

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Parent's name (please print): _____

Signature: _____

Date: ____/____/____

Signed by: _____ Parent _____ Guardian _____ Personal Representative.