

**DEVELOPMENTAL FX**



a not-for-profit organization | [www.developmentalfx.org](http://www.developmentalfx.org)

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### **PATIENT NOTIFICATION OF PRIVACY POLICIES AND RIGHTS**

This notice describes how medical information about you may be used and disclosed. As well as how you can access this information. Please review it carefully.

Purpose: to document the disclosure of policies regarding the storage, use and sharing of confidential information that we are required by law to abide by. In addition to the general information provided, patients may request to review the Developmental FX Privacy Policy Procedure Manual.

1. Confidential information will be stored in a secure location away from public access.
2. All employees and any other parties who have access to or who will be sharing the confidential information must sign a confidentiality agreement.
3. All employees have access to and reviewed a copy of the Privacy Policy Procedure Manual.
4. Employees have access only to information required to complete their job responsibilities.
5. Therapists will only have access to other therapist's patient information when it is necessary to provide the best collaborative services to the patient.
6. Evaluations, therapy plans, progress reports and treatment notes are sent to Insurance companies, other pay sources, and referring physicians for the purposes of requesting doctor's orders, authorization for services, or to obtain reimbursement for services. Information may be sent via first class mail, email or fax with procedures in place to limit the likelihood of unauthorized access. This information will be sent one time and the date sent will be documented. If an additional request for the same information is made, the patient/guardian will be given the documents for submission.
7. Confidential Information is not shared with 3rd parties (with the exception of those within Developmental FX) without written approval from the patient or guardian.
8. Any employees requiring access to confidential information have signed a "Employee HIPAA Agreement" promising to follow procedures to guard confidentiality.
9. Giving photographs to the clinic is considered authorization for displaying the pictures in the waiting room or on the website.
10. Parent's can observe therapy in the therapy room or through the viewing window if available.
11. The DFX Healthcare & Systems Manager serves as the Privacy Officer. If any client/guardian has concerns that confidentiality has been or is in danger of being breached, they are asked to report it to the Privacy Officer (reports will not be used against a client to change treatment plan). You may contact the office at 303-333-8360.
12. All attempts should be made to hold conversations, which may include confidential information in a location away from public access.

13. All computers containing confidential information are only accessed via a password. Employees only have access to information critical for their job responsibilities.
14. By requesting or initiating e-mail communications, patients/guardians understand that Developmental FX email addresses are not encrypted, and agree to release Developmental FX and its employees for any breach of confidentiality that may occur with information transmitted over the internet.
15. The Privacy Rule permits use and disclosure of protected health information, without an individual's authorization or permission for the following reasons: Disclosure to the patient's personal representative; Treatment, payment, and healthcare operations; incident to an otherwise permitted use and disclosure; Limited dataset for research, public health, or healthcare operations; Public interest and benefit activities (12 national priority purposes)
16. Authorization is required by the client for uses and disclosures of protected health information for marketing purposes.
17. Individuals who pay out of pocket in full for healthcare or service have the right to restrict disclosures of protected health information to their health plan
18. Individuals will be notified in the unlikely event of a breach of unsecured protected health information.
19. In order to amend protected health information, the patient must make the request in writing and include the specific reason for requesting an amendment
20. All requests for inspection and/or copies of clients protected health information must be made in writing and directed to our privacy officer. Electronic health records will be readily accessible and distributed to the client in a format mutually agreed upon by Developmental FX staff and client.
21. Other uses not described in the patient notification of privacy policies will be made only with authorization from the individuals to whom the protected health information relates.
22. DFX follows the Colorado Medical Board recommendation of retaining all patient records for a minimum of 7 years after the last date of treatment, or 7 years after the patient reaches age 18 - whichever occurs later.
23. Patient Medical Records are destroyed after the above mentioned time period using a HIPAA compliant third party company.
24. Developmental FX reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that we maintain.