

# Shining Star Therapy

Exceptional Kids deserve Exceptional Therapists!



Phone: (815)267-7334 Fax #: (630) 429-9411

Created 3/07 Revised 06/19

## SHINING STAR THERAPY, LLC PEDIATRIC THERAPY SERVICES

815-267-7334 mylene@shiningstartherapy.com

### Notice of Privacy Practices Please Review in Detail

THIS DOCUMENT DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED. ALSO, THE NOTICE PROVIDES HOW YOU CAN GET ACCESS TO THIS INFORMATION.

As a healthcare provider for Early Intervention, we are required by the federal law and state law to maintain the privacy of our patient's health information. This law is known as HIPAA (Health Insurance Portability & Accountability Act) and states that we must provide documentation to you about our privacy notice. Specifically, this notice describes our privacy practices, our legal rights, and your rights concerning your child's health information.

We are also a covered entity under HIPAA, due to usage of business associates, such as electronic billing of services.

#### Uses and Disclosure of Health and Therapy Information (164.502)

We may use or disclose the recognized health information about the patient without your authorization for several reasons.

1. For purposes of treatment, we will use and disclose the patient's health and therapy information to a therapist, service coordinator, or health care provider which will assist with the coordination of care. These documents may include the assessment reports, progress notes, letter of recommendation, physician prescriptions and diagnostic reports.
2. For purposes of treatment, we will make use of and disclose the patient's health and therapy information to obtain payment for the provided service. This may include information such as your name, address, date of birth, service dates, diagnostic documentation, and therapy treatment details. The information will be given to the patient's insurance provider and Department of Human Services.
3. For the purposes of business operations, we will use and disclose patient information to health care business associates, such as a clearing house in electronic form. This information may include name, address, date of birth, insurance details, diagnosis, and dates of service. The business associate functions and activities include: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and reprising. The business associate services are: legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial.

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4. For purposes of therapeutic operations, we will use and disclose documentation needed for quality assurance reviews conducted by the Department of Human Services personnel. These reviews ensure that proper standards of care are maintained. Also, disclosure of information may be given for research studies and emergencies. The documentation may include assessment reports, diagnostic reports, progress notes, physician prescriptions, and payment/insurance information.

5. For purposes required by law, we will use and disclosure documentation required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Rules. This also includes information that are required by other law.

6. For purposes required by law, we will use and disclose the patient's health and therapy information. For example, if we reasonably feel the child is a victim of abuse, neglect, violence, or other crimes the information will be disclosed to avoid necessary threat to the patient's health or safety.

ONLY THE MINIMAL REQUIRED INFORMATION WILL BE SHARED. IN ALL OTHER SITUATIONS, WE WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING THE HEALTH INFORMATION ABOUT THE PATIENT. PLEASE NOTE THAT ALL FAX TRANSMISSION WILL INCLUDE CONFIDENTIALITY NOTICE. (164.502 & 164.524)

## **Accounting of Disclosures of Health Information (164.528)**

The Privacy Rule requires that we provide an accounting of certain disclosures, including certain disclosures by its business associate, to the individual upon written request. We will provide the accounting to individuals, as may be appropriate given the protected health information held by, and the functions of, the business associate.

## **Collection, Storage, and Destruction (164.524)**

To ensure your confidentiality, we will protect and keep the patient's health and therapy information in a locked location, in a locked office, and stored in a locked file cabinet. The records will be kept a minimum of 6 years after discharge from Early Intervention services. After 6 years, I will destroy the documentation via shredder and then into the garbage.

## **Individuals Rights and Parents (Primary Caregiver) Rights for their Minor (164.524)**

The patient and primary caregiver has a right to look at or get a copy of their health information, therapy information, and accounting of disclosures. This is upon request and free of charge. If believed that the information in the documentation is incorrect or missing information, then the primary caregiver has a right to request a change to the existing documentation.

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At any time in writing, the primary caregiver has the right to request that information may NOT be used and disclosed EXCEPT when the information is authorized by law or in an emergency.

The primary caregiver has the right to restrict via in writing the use and disclosure of the patient's health and therapy information to family members, relatives, and friends. The parents have the right to receive accounts of disclosures at any time.

The right to receive a paper copy of this Privacy Notice via written request.

## Providers Duty

We are required by law to provide to the patient and primary caregiver (parent) with the privacy of the patient's health and therapy information, provide this notice about our standard of practice, and to completely follow the guidelines described in the notice. We reserve the right to change this notice and will provide you with a copy once revised. In addition, we account for all disclosures of information in the patient's medical chart. This includes phone calls made and faxes. (164.528)

## Complaints (160.306 & 164.5630)

As the privacy officer at Shining Star Therapy LLC, Mylene Braggs, I am therefore responsible for the development, implementation, and oversight of the policies and procedures pertaining to HIPAA.

If you have any questions, concerns, or feel that your privacy has been violated, please file a written complaint to Mylene Braggs at Shining Star Therapy, LLC, the Department of Human Services, or your local Child and Family Connections. We can provide you with the appropriate address if needed. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

Shining Star Therapy, LLC  
13400 S. Route 59, Suite 116-326  
Plainfield, Illinois  
60585

Phone: (815) 267-7334 (ext. 210) Fax: (630) 429-9411

Office for Civil Rights – U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: (877) 696-6775

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## SHINING STAR THERAPY, LLC PEDIATRIC THERAPY SERVICES

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### ACKNOWLEDGEMENT OF NOTICE OF PRIVACY

I hereby acknowledge receipt of Shining Star Therapy, LLC Privacy Notice. This notice provides detailed info about the patient's health and therapy.

I understand that Shining Star Therapy, LLC has the right to change their privacy practices discussed in this notice. I understand that a revised copy of the notice will be provided and available to me.

Patient: Name: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Authorized Representative

Relationship to client: \_\_\_\_\_

Refused to sign \_\_\_\_\_

### **For the Use and Disclosure of Patient Health Information Shining Star Therapy, LLC**

Additional person(s) or organization(s) to whom my Protected Health Information may be used and disclosed:

Name of person(s) or organization(s):

\_\_\_\_\_  
Street address:

\_\_\_\_\_  
City, state and zip code:

\_\_\_\_\_  
Telephone number:

\_\_\_\_\_  
Fax number: