

## **Maureen Brady OTR/L Notice of HIPPA Privacy Practices**

This notice describes how information about the individual receiving services (referred as “you” in the following information) at the clinic of Maureen Brady OT may be disclosed and how you can get access to this information. Please read it carefully. This notice takes effect on August 1, 2021 and remains in effect until I replace it.

### **General Rule**

Maureen Brady OTR, is required by law to maintain the privacy of protected health information and give you or the individual receiving services guardian a notice of my privacy practices. This Notice describes how I protect your health information and what right you have regarding it.

### **Use and Disclosure of Medical Information**

- **Treatment:** I may use medical information about you to provide you with treatment or services. I may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.
- **Payment:** I may use and disclose your medical information for payment purposes. The information on or accompanying the bill may include your medical information.

### **Additional Uses and Disclosures**

I may also use or disclose information to meet special reporting requirements, for public health reasons, or for other purposes. Such disclosures permitted by law that do not require your (or your guardian’s) written consent include:

- As required by law.
- To avert a serious threat to health or safety
- Public health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement

### **Your Rights**

**Right to Amend:** If you feel that the health or education information that we have is inaccurate or misleading, you may ask us to amend the information. To request an amendment, you must make a request in writing.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose. You also have the right to request a limit on the health information that is disclosed to someone who is involved the care of payment for the individual who receives services, like a friend or family member. To request a restriction, you must make a request in writing. We are not required to agree with your request. If we agree, we will comply with your request unless the information is needed to provide our child with emergency treatment.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only by email or at work.

**Changes to this Notice** I reserve the right to change this notice. The new notice will apply to health and education information that I already have, as well as any information I receive in the future. I will give all current clients a copy of any updated privacy notices. The notice will contain the effective date on the first page.

### **Questions/Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing to Maureen Brady OT. Please contact Maureen Brady OT if you have any questions about this privacy policy. You can contact her at the above address, phone number, 425-829-1481 or email to maureenbradyot@gmail.com.