

Notice of Privacy Practices (HIPAA)

****THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The federal government has legislated the Health Information Portability and Accountability Act (HIPAA). These rules regulate the privacy and accessibility of health information regarding your child's care at Little Mountain LLC. We must follow these privacy practices that are described in this notice until it is changed. You may request a copy of your notice at any time as required by applicable law. Any changes will be added to this form, and will be available to you on our website and in your patient portal. For further information or if you have questions about this notice, please feel free to contact our office at (541) 716-1280.

Use and Disclosure of Information

Treatment: We may use or disclose your child's health information to plan a course of treatment that includes evaluation, goals and treatment approach. At times, your child's medical information may be reviewed by a student intern at our facility. In addition, your child's medical records will be provided to your health plan and consulting physicians. Your child may receive therapy services in the same room with another child. Within Little Mountain, your child's goals and data pertinent to your child's treatment may be discussed with other therapists.

Payment: We may use and disclose your health information to obtain payment for services we provide to you/your family member. A bill may be sent to you or your health insurance payer. The information on the bill may contain information that identifies you, your spouse or your child. This information may include the child's date of birth, diagnosis and procedures or supplies used.

Other Healthcare Operations: We may use and disclose your child's health information for other healthcare operations purposes, which could include providing care management, educating health or other professionals, conducting healthcare reviews, providing customer service, performing business planning, arranging for legal and auditing services, obtaining accreditations and licenses, and other business operations. We may also contract with individuals or entities known as business associates to work on our behalf, which may require us to use and share your child's personal information with them. Our business associates must agree in writing to safeguard the confidentiality of your child's personal information in accordance with federal law and this notice.

Appointments: We may use or disclose your health information to provide you with appointment reminders (such as email, voicemail messages, postcards or letters).

Schools and Agencies: We may provide information requested for IEP's and evaluations with other professionals. We may disclose your child's information to doctors and other health professionals in regards to your child's care with us.

Other Permitted Uses and Disclosures and Disclosures Required by Law: We may share information with other public health authorities charged with preventing or controlling disease, injury or disability. We will notify appropriate persons if we suspect child abuse or neglect. We may need to provide medical information regarding your child to legal/judicial/administrative and law enforcement person. We may need to send you information regarding your child's care or billing issues through the mail. We may also send you information about groups and programs. This information may come in a marked envelope with our address on it. Except as described in this notice or otherwise permitted under applicable law, we will not use or disclose your child's health information without your written authorization.

In some situations, federal and state laws provide special protections for sharing specific kinds of personal information and require authorization from you before we can share that specially protected medical information. For example, information about treatment for alcohol or drug abuse, sexually transmitted disease, reproductive care, and mental health is specially protected. We do not anticipate collecting any of these types of information, but if we do, in these situations and for any other purpose, we will contact you for the necessary authorization. If you sign an authorization to disclose your child's health care information, you may withdraw it at any time by letting us know in writing.

Potential Redisclosure: Information disclosed pursuant to this notice may be subject to redisclosure by the recipient and no longer protected by this policy and applicable law.

Confidentiality: No information regarding other patients (i.e. other children receiving services at Little Mountain in conjunction with your child) may be shared outside the walls of Little Mountain without parental permission.

Practice Obligations

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of this notice as currently in effect.

Patient's Rights

- You have the right to ask that we contact you in a certain way or at a certain location, for example at a different address or phone number. We will usually be able to accommodate your request. Please make your request to us in writing.
- You have the right to view your child's health record and request a copy of it. There may be a copying and postage fee. You may be asked to show proof of guardianship or parent (driver's license, court order).
- You may request an amendment to your child's record. We are not required to make this change, but it will be noted in the record.
- You may request restrictions on certain uses and disclosures of your child's health record. We are not required to honor your request, but will make all efforts to accommodate reasonable requests. You may fax or mail this to us.
- You have the right to request and receive an accounting of disclosures of protected health information consistent with applicable law.
- You may provide written authorization for uses and disclosures not otherwise permitted by law.
- You have the right to receive a paper copy of this notice upon request.
- If you believe your privacy rights have been violated, you can file a complaint with our privacy officer or with the Secretary of Health and Human Services.

Secretary-US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Nondiscrimination Notice

Little Mountain LLC complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Little Mountain does not exclude people or treat them less favorably because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity. We also:

Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)

Provide free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact us at (541) 716-1280.

If you believe that Little Mountain has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with us at 418 NE Tohomish St #300, White Salmon, WA 98672 or by calling (541) 716-1280. You can file a grievance in person or by mail or phone.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, DC 20201; 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://www.insurance.wa.gov/complaints-appeals>.

Notice of Right to Receive Good Faith Estimate of Charges

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost

Under the law, health care providers need to give **patients who don’t have certain types of health care coverage or who are not using certain types of health care coverage** an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.