



NEUROPLAY STUDIO

Pediatric OT

NOTICE OF PRIVACY PRACTICES

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

Our Commitment to Your Privacy

NeuroPlay Studio™ LLC is committed to protecting the privacy of your protected health information (PHI). We are required by law to maintain the privacy of PHI, provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

How We May Use and Disclose Your Health Information

For Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services, including consultation with other healthcare providers.

For Payment

We may use and disclose your PHI to obtain payment for services provided, including billing and collection activities.

For Healthcare Operations

We may use and disclose your PHI for our healthcare operations, including quality assessment, training, licensing, and accreditation activities.

Other Permitted Uses and Disclosures

- **As Required by Law:** We will disclose PHI when required by federal, state, or local law
- **Public Health Activities:** For public health purposes as permitted by law
- **Abuse or Neglect:** To report suspected child abuse or neglect to appropriate authorities
- **Health Oversight:** To health oversight agencies for legally authorized activities
- **Legal Proceedings:** In response to a court order or subpoena
- **Law Enforcement:** For law enforcement purposes as required or permitted by law
- **To Avert Serious Threat:** To prevent a serious threat to health or safety

Uses Requiring Your Authorization

We will obtain your written authorization before using or disclosing your PHI for marketing purposes, sale of PHI, or most uses of psychotherapy notes.

Your Rights Regarding Your Health Information

- **Right to Access:** You may inspect and obtain a copy of your PHI maintained by us
- **Right to Amend:** You may request an amendment if you believe your PHI is incorrect or incomplete
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made
- **Right to Request Restrictions:** You may request restrictions on certain uses and disclosures
- **Right to Confidential Communications:** You may request that we communicate with you in a specific way
- **Right to File a Complaint:** You may file a complaint with us or the U.S. Department of Health and Human Services



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Changes to This Notice

We reserve the right to change this Notice and make the new provisions effective for all PHI we maintain. A revised Notice will be posted in our office and available upon request.

Contact Information

For questions about this Notice or to exercise your rights, contact:

NeuroPlay Studio™ LLC • Phone: (352) 729-1796 • Email: connect@neuroplaystudio.com

Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of NeuroPlay Studio™ LLC's Notice of Privacy Practices. I understand that I may request a copy of this Notice at any time.

Patient Name:

Date of Birth:

Parent/Legal Guardian Signature

Date

Printed Name

Relationship to Patient

For Office Use Only:

Patient/Guardian refused to sign acknowledgment

Reason (if refused):

Staff Initials:

Date:
