



303 SW 18th Street Suite 1 & 3 Bentonville, AR 72712
P: 479.360.6896 F: 479.360.6814

Privacy Policy

At Elevate Pediatric Therapy, we are committed to protecting the privacy and confidentiality of your child's Protected Health Information (PHI). PHI includes any information related to your child's health, treatment, or payment for services. This notice explains how we may use or disclose your child's information and your rights regarding that information.

How Your Child's Information May Be Used or Disclosed

- **Treatment:** We may use and share PHI among therapists and clinic staff to plan, coordinate, and provide care (evaluations, therapy, follow-up services).
 - **Payment:** We may share PHI with Medicaid, insurance plans, or other necessary programs to obtain payment, prior authorizations, or verify coverage.
 - **Clinic Operations:** We may use PHI for essential clinic functions such as quality improvement, licensing, audits, or compliance activities required by law.
 - **Appointment & Care Notifications:** We may contact you with appointment reminders or information about treatment-related services and benefits.
 - **Public Health & Safety:** We may release PHI when required to report concerns such as disease prevention, suspected abuse or neglect, or threats to safety, as permitted by law.
 - **Legal Requirements:** We may disclose PHI when required by a court order, subpoena, law enforcement request, or other lawful processes.
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Your Rights Regarding Your Child's Health Information

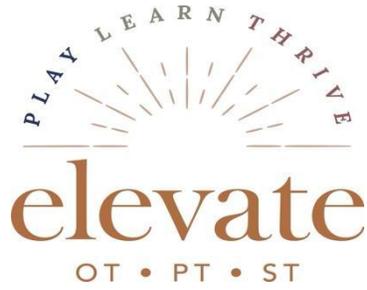
- **Right to Inspect & Copy:** You may request to review or obtain a copy of your child's health records. Reasonable copying or mailing fees may apply.
 - **Right to Request an Amendment:** If you believe information is incorrect or incomplete, you may request a correction. We may deny requests in certain cases (e.g., information not created by our clinic or already deemed accurate).
 - **Right to an Accounting of Disclosures:** You may request a list of certain times PHI was disclosed, except for treatment, payment, and clinic operations.
 - **Right to Request Restrictions:** You may request limits on how we use or share PHI for treatment, payment, or operations. While we will consider all requests, we are not required to agree.
 - **Right to Confidential Communication:** You may request to be contacted in a specific way (e.g., at work or by email). We will accommodate reasonable requests.
 - **Right to a Paper Copy:** You may request a printed copy of this notice at any time. All requests must be submitted in writing to Elevate Pediatric Therapy.
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Questions, Concerns, or Complaints

If you have concerns about how your child's PHI is handled, please contact Kaylee Alder or Erin White.

Changes to This Notice

We may revise this Privacy Policy at any time. Updated notices will be available by request and will apply to all PHI maintained by our clinic.



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HIPAA PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the Elevate Pediatric Therapy HIPAA Privacy Policy and understand my rights regarding my child's protected health information.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____