

Blair McGee OT, LLC, d.b.a. Outreach Therapy  
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## NOTICE OF PRIVACY PRACTICES

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

### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 04/06/2021

### ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the health insurance portability and accountability act of 1996 here after, (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, PHI").

#### 1. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PH") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request in my office and on my website.

#### 11. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations and these communications may be in the form of written, oral, and electronic

communication. This includes assignment of benefits when applicable. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the health care provider in diagnosis and treatment of your condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

#### 111. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
2. For health oversight activities, including audits and investigations.
3. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use text messages and emails to contact you regarding appointments and progress related to your child's therapy.

#### IV. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request in my office and on my website.

## NONDISCRIMINATION POLICY

Blair McGee OT, LLC (Outreach Therapy) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Outreach Therapy does not exclude people or treat them differently because of race, color national origin, age, disability or sex in the admission, treatment, or participation in its programs, services, and activities, or in employment.

Outreach Therapy:

- Provides qualified sign language interpreters for the deaf.
- Provides qualified interpreters for Limited English Proficient persons.
- Provides written information in other languages.
- Provides a range of assistive and communication aids provided to persons with impaired hearing, vision, speech, or manual skills.

Notice of Program Accessibility

Outreach Therapy and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing, speech and vision as well as those who are Limited English Proficient.

Access features to Outreach Therapy facility include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms.

All of these aids and features are provided free of charge in the event you need them. If you require any of the aids listed above, please let any staff member know.

If you believe that Outreach Therapy has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can 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, 1-800-868-1019 (tel:1-800-868-1019), 800-537-7697 (tel:800-537-7697) (TDD).