



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 READ THIS DOCUMENT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all healthcare records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to control and understand how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your healthcare records for the purposes of treatment, payment and healthcare operations.

- **Treatment** means providing, coordinating, or managing healthcare and related services by one or more healthcare providers.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office. You have the right to file a formal, written complaint with us at the address below or with the Department of Health and Human Services, Office of Civil Rights, in the event that you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Metro Music Therapy, LLC
5950 Crooked Creek Road | Suite 150 Q
Peachtree Corners, GA 30092 404.579.8070

For more information about HIPAA or to file a complaint, please contact:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Washington, D.C. 20201 877-696-6775 (toll free)

I give Metro Music Therapy, LLC, permission to electronically mail monthly therapy documentation and payment invoices to the email address provided below:

Please list preferred email address

Electronic Signature of parent/guardian