

Effective Date: 7/1/2013

AT NEUROTHERAPEUTIC PEDIATRIC THERAPIES, INC., WE RESPECT THE PRIVACY AND CONFIDENTIALITY OF
PROTECTED HEALTH INFORMATION IN A RESPONSIBLE AND PROFESSIONAL MANNER.

PLEASE REVIEW IT CAREFULLY.

PRIVACY POLICY OF NEUROTHERAPEUTIC PEDIATRIC THERAPIES INC:

1. HIPAA statement will be signed by all clients.
2. HIPAA compliant release of information form will be used for all requested and released information.
3. Only information pertinent to the task at hand will be released.
4. Parents will be given access to medical records if requested. They have the right to copy the records and to request that charting errors be corrected.
5. The Clinic Director will be the designated Privacy Officer.
6. Reasonable safe-guards must be taken to ensure that our client's privacy is protected. For example:
 - a. Close a patient's computer file before you get up from your desk.
 - b. Log off if you expect to be away for more than 15 minutes.
 - c. Turn off your computer at the end of the day.
 - d. Cover any files left on your desk if you leave for a few minutes.
 - e. Put away all files at the end of the day.
 - f. Keep in mind that our final responsibility is to the client and not outside people.
 - g. When in doubt, do not give out personal health information.
 - h. Use discretion when discussing client progress and status.
7. All documents that include protected health information will be shredded upon disposal. Please place in the appropriate receptacle.
8. All electronic media (i.e. discs, tapes, recordings) will be erased or properly disposed of so that they cannot be accessed after disposal.
9. All protected health information that is sent via email or fax must contain a privacy statement: 'This message is intended for the sole use of the individual to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender and delete/destroy this message. Thank you.'
10. Check and verify all fax numbers as appropriate; use pre-programmed speed-dial when possible. Use the fax transmission cover letter.
11. Facility to be secured after hours, will all outside doors locked.
12. All privacy errors must be reported to the HIPAA Privacy Official.

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Neurotherapeutic Pediatric Therapies Privacy Policy

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This agreement serves as notification of Federal HIPAA Privacy Act Regulations in effect at the time of signing this notice:

- ✓ I have been provided with a copy of the “Notice of Privacy Practices” and have reviewed this information.
- ✓ I understand that, during the course of my employment or volunteer work at Neurotherapeutic Pediatric Therapies, Inc. I may have access to confidential medical records. I agree to maintain the confidentiality by not sharing the information I have access to with any other entity or person outside the employees of Neurotherapeutic Pediatric Therapies, Inc. except as allowed under HIPAA Privacy Act Regulations. This includes, but is not limited to, sharing names of patients, medical conditions, and test results. I also agree that I will not remove confidential information from Neurotherapeutic Pediatric Therapies, Inc. Even after employee/volunteer services with Neurotherapeutic Pediatric Therapies, Inc. ends, I will maintain confidentiality of protected information. Any such breach of confidentiality may terminate the volunteer/intern experience and is a violation of the law.
- ✓ By signing this agreement, I acknowledge that I will comply with these practices.

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|---------------|-------|
| Signature: | Date: |
| Printed Name: | |

Privacy Policy and Agreement to Comply with Federal HIPAA Privacy Regulations

THIS AGREEMENT SERVES AS NOTIFICATION OF FEDERAL HIPAA PRIVACY ACT REGULATIONS IN EFFECT AT THE TIME OF SIGNING THIS NOTICE:

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