



Developmental Therapy Associates  
& Absolute Speech and Language Therapy

3624 Shannon Rd. Suite 104  
Durham, NC 27707  
Phone: 919-493-7002  
Fax: 919-403-1407

875 Walnut St. Suite 100  
Cary, NC 27511  
Phone: 919-465-3966  
Fax: 919-465-3886

186 Wind Chime Ct. Suite 104  
Raleigh, NC 27615  
Phone: 919-870-1280  
Fax: 919-870-1285

## **NOTICE OF PRIVACY PRACTICES**

Effective May 19, 2014

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Retain this copy for your records.  
Please review it carefully.**

If you have any questions about this notice, please contact the Privacy Officer at 919-465-3966 or at [info@developmentaltherapy.com](mailto:info@developmentaltherapy.com)

The following is the privacy policy, "Privacy Policy", of Developmental Therapy Associates, Inc. as described in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires Covered Entities by law to maintain the privacy of your personal Health Information and to provide you with the notice of Covered Entity's legal duties and privacy policies with respect to your personal Health Information. We are required by law to abide by the terms of the Privacy Notice.

### **OUR OBLIGATIONS**

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer (Business Manager).

**For Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for treatment and services you received.

**For Health Care Operation:** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office.

**Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may

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be of interest to you. Methods of contact may be via telephone call, email or text message, using the contact information you have provided.

**Individuals Involved in Your Care or Payment of your Care:** Unless you object, when appropriate, we may share Health Information with a person who is involved in your healthcare or payment for your care such as a family member.

**SPECIAL SITUATIONS: We May use and Disclose your PHI without your Written Authorization for the Purpose of: As Required by Law:** We will disclose Health Information when required to do so by international, federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to prevent the threat.

**Business Associates:** We may disclose Health Information to our Business Associates that perform functions on our behalf and provide us with services if the information is necessary for such functions or services.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed with a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Judicial and Administrative Proceedings:** Such as in response to subpoenas or court orders.

**Research:** Under certain circumstances, we may disclose your protected Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected Health Information.

**Law Enforcement:** Such as disclosures about a suspected crime victim; to identify or locate a suspect, fugitive, material witness, or missing person; or about a crime committed in our office.

**Coroners, Medical Examiners, and Funeral Directors:** to identify a deceased person; to determine cause of death or to allow funeral directors to carry out their duties.

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**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information (PHI) will only be made with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your PHI. (This statement is required however we will NEVER SELL INFORMATION regarding our CLIENTS.)

**YOUR RIGHTS:**

You have the following rights regarding Health Information we have about you:

***Right to Inspect and Copy Records:*** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes therapy and billing records. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. You also have the right to a password protected electronic copy of your records.

***Right to Amend Incorrect Data:*** If you feel that the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for our office.

***Right to an Accounting of Disclosures:*** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and healthcare operations or for which you provided written authorization.

***Right to Request Restrictions:*** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care of the payment for your care. This request must be in writing to Developmental Therapy Associates, Inc.

***Right to Opt-Out of Marketing and Fundraising:*** DTA periodically mails out a newsletter or brochures regarding upcoming events. If you do not ***wish to receive mailings from DTA please notify front office staff.***

***Right to a Paper Copy of this Notice:*** You have the right to a paper copy of this notice. You are given a copy of this notice your first visit; however, you may request another copy at any time. To obtain a paper copy, request it from someone at our front desk or go to our website ([www.developmentaltherapy.com](http://www.developmentaltherapy.com)) and print a copy from there.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our most current notice at our office and on our website ([www.developmentaltherapy.com](http://www.developmentaltherapy.com)). The notice will contain the effective date on the first page, in the top right-hand corner.

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**QUESTIONS OR COMPLAINTS:**

DTA recognizes the importance of confidentiality, and your right to be fully informed of all regulations regarding protected health information. If you feel that your privacy rights have been violated, please contact the Privacy Officer to ask questions or file a complaint - Phone: 919-465-3966. Or you may contact the U.S. Secretary of Health & Human Services. We can provide you with this address upon request. **You will not be penalized for filing a complaint.**

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