

Therapeutic Learning Center, Inc.

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL RECORDS MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS YOUR RECORDS. PLEASE REVIEW IT CAREFULLY.

Therapeutic Learning Center, Inc.'s Legal Duty

Therapeutic Learning Center, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Therapeutic Learning Center, Inc. uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Therapeutic Learning Center, Inc. may use your personal health information to contact you to provide appointment reminders, information about treatment alternatives, or other health related benefits/offers that could be of interest to you. *Therapeutic Learning Center, Inc.* may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We also provide information when required by law.

In any other situation, *Therapeutic Learning Center Inc.*'s policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Therapeutic Learning Center, Inc. may change its policy at any time. When changes are made, a new notice of information Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHT

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. *Therapeutic Learning Center, Inc.* will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that *Therapeutic Learning Center, Inc.* may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Executive Director at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on *Therapeutic Learning Center, Inc.*'s health information practices or if you have a complaint, please contact the following person:

Diane Maxson, Executive Director

Therapeutic Learning Center, Inc.

500 Chapman Street

Canton, MA 02021

Telephone: 781-821-9955

Fax: 781-821-9950

dmaxson@therapeuticlearningctr.com

Therapeutic Learning Center, Inc.

PATIENT INFORMATION CONSENT FORM

I have read and fully understand *Therapeutic Learning Center, Inc.*'s Notice of Information Practices. I understand that *Therapeutic Learning Center, Inc.* may use or disclose my personal health information for the purpose of:

- Carrying out treatment
- Evaluating the quality of services provided
- Any administrative operations related to treatment or payment
- Appointment reminders
- Information about treatment alternatives
- Other health related benefits/offers

I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that *Therapeutic Learning center, Inc.* will consider requests for restrictions on the case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in *Therapeutic Learning Center, Inc.*'s Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name (please print)

Parent/Guardian Name for patients under 21 years of age (please print)

Parent/Guardian Signature

Date