



NOTICE OF PRIVACY

This notice describes how health information about you (as a patient) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy: Our organization is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances: The following circumstances may require us to use or disclose your health information:

- 1) To public health authorities and health oversight agencies that are authorized by law to collect information.
- 2) Lawsuits and similar proceedings in response to a court or administrative order.
- 3) If required to do so by a law enforcement official.
- 4) When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual, or the public. We will only make disclosures to a person or organization able to help prevent the threat.
- 5) If you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.
- 6) To federal officials for intelligence and national security activities authorized by law. 7) To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- 7) For workers compensation and similar programs.
- 8) You authorize the release of any medical records, pictures or other information to medical professionals necessary to pre-certify procedures, process medical claims or for continuity of care.

Privacy Statement for Utilizing Curogram in Therapy Practice

Introduction

At Little Legends Therapy, we prioritize your privacy and are committed to protecting your personal information. This Privacy Statement outlines how we collect, use, store, and protect your information when utilizing Curogram, a secure digital platform for communication, appointment scheduling, and telehealth services. By engaging with our practice through Curogram, you consent to the practices described in this statement.

1. Information We Collect

When you use Curogram, we may collect the following types of information:

- **Personal Information:** Name, date of birth, phone number, email address, emergency contact, insurance details, and payment information.
- **Health Information:** Medical history, treatment records, therapy notes, progress reports, and other sensitive health-related data.
- **Communications:** Text messages, email correspondence, and any other forms of communication you have with our practice through Curogram.

2. How We Use Your Information

We use the information collected through Curogram to:

- Provide therapeutic services, including scheduling appointments, conducting telehealth sessions, and managing your care.
- Communicate with you regarding appointments, billing, treatment plans, and any necessary updates or changes.
- Ensure the security of your information and comply with applicable laws and regulations, including HIPAA (Health Insurance Portability and Accountability Act).

3. Sharing Your Information

We do not share your personal or health information with third parties unless:

- **Required by Law:** We may disclose information if required by law or legal process, including court orders and subpoenas.
- **Service Providers:** We may share your information with third-party service providers who assist us in providing services (e.g., billing, IT support, or secure communication platforms like Curogram). These providers are bound by confidentiality agreements and are required to handle your information securely.
- **With Your Consent:** We may share your information with other healthcare providers, family members, or others you authorize in writing.

4. Data Security

We implement physical, technical, and administrative measures to protect your information. Curogram employs encryption and secure servers to safeguard your data during transmission and storage. We also regularly update our security protocols to ensure the protection of your sensitive information.

5. Data Retention

We retain your information for as long as necessary to provide services, comply with legal obligations, and resolve disputes. If you no longer wish to use Curogram, your data will be securely deleted in accordance with our data retention policy.

6. Your Rights and Choices

- **Access and Review:** You have the right to request access to and a copy of the personal and health information we have about you.
- **Correction:** You can request corrections to any inaccurate or incomplete information.
- **Deletion:** You can request the deletion of your data, subject to legal and regulatory retention requirements.
- **Opting Out:** You can opt-out of certain communications or features, such as text reminders or

marketing messages.

Your rights regarding your health information:

- 1) Communications. You can request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
- 2) You can request a restriction in our use or disclosure of your health information for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, however, if we do we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- 3) You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to TENIKA L. CAPOUCH, MS, OTR/L.
- 4) You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to TENIKA L. CAPOUCH, MS, OTR/L. You must provide us with a reason that supports your request for amendment.
- 5) Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, please contact LITTLE LEGENDS THERAPY.
- 6) Right to file a complaint. If you believe your rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice contact TENIKA L. CAPOUCH, MS, OTR/L. All complaints must be in writing. You will not be penalized for filing a complaint.
- 7) Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact TENIKA L. CAPOUCH, MS, OTR/L.

I hereby acknowledge that I have been presented with a copy of, LITTLE LEGENDS THERAPY, Notice of Privacy Practices.

Signature: _____

Name of Patient: _____

Date Received: _____