



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 REVIEW IT CAREFULLY.

I. Who We Are

This Notice describes the privacy practices of Edge Water Music Therapy, a subsidiary of Thompson Tutoring, LLC. It applies to services covered by this Notice, including:

- All therapists allowed to enter or access information in your therapy record
- All employees and other therapy professionals on the Edge Water Music Therapy staff when they provide services with access to your therapy or billing records or health information about you (“Protected Health Information”).
- Any volunteer authorized to help you while you are under Edge Water therapeutic care

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

Subject to the limitations, which we will describe in Section IV below, we may use and/or disclose your PHI without your written permission for the following purposes:

A. **Uses and Disclosures For Treatment, Payment and Health Care Operations.** We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our “health care operations” as detailed below:

- **Treatment.** We may use and disclose your PHI to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.
- **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care to verify that they will pay for your health care.
- **Health Care Operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality of our services and therapy professionals. We may disclose PHI for a patient satisfaction survey process.



B. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer from the circumstances that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

C. Fundraising Communications. We may contact you to communicate Edge Water Music Therapy fundraising opportunities. If you do not want to receive any fundraising requests in the future, you may contact Edge Water Music Therapy to have your name removed from the contact list.

D. Public Health Activities. We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse or Neglect. If we reasonably believe you are a victim of abuse or neglect, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse or neglect.

F. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid and civil rights laws.

G. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

I. Decedents. We may disclose your PHI to a funeral director or medical examiner as authorized by law.

J. Research. We may use or disclose your PHI for research purposes with your consent or we will ask our Institutional Review Board to approve a waiver of authorization for disclosure. A waiver of authorization will be based upon assurances from the review board that the researchers will adequately protect your PHI.



K. Health or Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose your PHI to prevent or lessen a threat of imminent, serious physical violence against you or another readily identifiable individual.

L. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

M. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

N. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

O. As required by law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

This Section IV describes when we must obtain your written permission to use or disclosure your PHI.

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III and in this Section IV, we only may use or disclose your PHI when you grant us your written authorization on our authorization form ("Consent for Release of Information"). For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing. We must also obtain your written authorization prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter, or in the form of a promotional gift of nominal value, without obtaining your authorization.)

C. Sale of Protected Health Information. We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your written authorization.

D. Psychotherapy Notes. We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you, for mental health training programs, or to defend ourselves in a legal action or other proceeding brought by you.

E. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain health information about you ("Highly Confidential Information"), including Alcohol and Drug Abuse Treatment Program records and other health information that is given special privacy protection under state or federal laws other than HIPAA. However, in order to us to disclose and Highly Confidential Information for a purpose other than those permitted by law, we must obtain your authorization.

F. Revocation of Your Autohization. You may revoke your authorization, except to the extant that we have taken action in reliance upon it. By delivering a written revocation statement to Edge Water Music Therapy.



V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact Edge Water Music Therapy's Privacy Office. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Also upon request, the Privacy Office can provide you with the additional contact information for the Director. We will not retaliate against you if you file a complaint with the Director or us.

B. Right to Request Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. If you wish to request restrictions, please contact the Edge Water Music Therapy Privacy Office. If we agree to the requested restrictions, we will comply with your request unless PHI is needed for emergency treatment.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. If you wish to make a request, please contact the Edge Water Music Therapy Privacy Office.

D. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please contact Edge Water Music Therapy Privacy Office. If you request copies, we may charge you a reasonable copy fee. If you are denied access, you may request that the denial be reviewed.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records relating to pregnancy, abortion, sexually transmitted diseases, substance use or abuse, or contraception and/or family planning services).

F. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please contact the Edge Water Music Therapy Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. The accounting will not include uses or disclosures for treatment, payment, or healthcare operations, or uses or disclosures pursuant to an authorization you have already provided. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.



Edge Water Music Therapy
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www.coreythompson tutoring.com

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on February 1st, 2014.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting areas and on our Internet site at www.coreythompson tutoring.com. You also may obtain any new notice by contacting the Edge Water Music Therapy Privacy Office.

VII. Edge Water Music Therapy Privacy Office

You may contact the Privacy Office at:
Edge Water Music Therapy
Attn.: Executive Director
6615 Westshire Street
Portage, MI 49024
Telephone Number: (269) 303-8830
E-mail: cdt494@hotmail.com



Edge Water Music Therapy
251 North Rose Street Suite 200
Kalamazoo, MI 49007
(269) 329-0730
cdt494@hotmail.com
www.coreythompson tutoring.com

Please sign below that you have received Edge Water Music Therapy's Notice of Privacy practices, effective February 1st, 2014.

Client Name: _____

Signature Name if other than Client (print): _____

Relationship to Client: _____ Date: _____

Signature: _____