



Ph: 509-209-7429 / Fax: 509-340-9942
www.ssptherapy.com

West Spokane
1515 S. Technology Blvd
Spokane, WA 99224

Valley
15920 E. Indiana Ave, Ste 101
Spokane Valley, WA 99216

PATIENT RIGHTS

Every patient has the right to:

- A listing of the services offered by Stepping Stones Pediatric Therapy, PLLC and those being provided
- The name of the individual supervising the care and the manner in which that individual may be contacted
 - o Co-Owner & OT Supervisor: Michelle LaMotte, OTR/L | 509-209-7429
 - o Co-Owner & PT Supervisor: Christina Hodges, DPT | 509-209-7429
- A description of the process for submitting and addressing complaints
- Submit complaints without retaliation and to have the complaint addressed by the licensee
- Be informed of the state complaint hotline number
 - o Department of Health Facilities and Services Licensing complaint hotline: 1-800-633-6828
- A statement advising the patient or client, or designated family member of the right to ongoing participation in the development of the plan of care
- A statement providing that the patient or client, or designated family member is entitled to information regarding access to the department's listing of providers and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations
- Be treated with courtesy, respect, privacy, and freedom from abuse and discrimination
- Refuse treatment or services
- Receive effective treatment and quality services from Stepping Stones Pediatric Therapy, PLLC for services identified in the plan of care
- Have property treated with respect
- Privacy of personal information and confidentiality of health care
- Be cared for by properly trained personnel, contractors and volunteers with coordination of services
- Be informed of what Stepping Stones Pediatric Therapy, PLLC charges for services and what charges the patient may be responsible for paying.
- A fully itemized billing statement upon request, including the date of each service and the charge. Licensees providing services through a managed care plan are not required to provide itemized billing statements
- Be informed about advanced directives and the licensee's responsibility to implement them
- Be informed of policies and procedures regarding the circumstances that may cause the agency to discharge a patient
- Be informed of policies and procedures for providing care when services cannot be provided as scheduled
- Be informed of the DSHS hotline number to report suspected abuse of children or vulnerable adults
DSHS End Harm Hotline: 1-866-363-4276

Stepping Stones Pediatric Therapy, PLLC ensures that the Patient Rights are implemented and updated as appropriate.



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SUMMARY OF PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is effective. This Notice takes effect 11/20/08 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for your treatment, payment, and healthcare operations. For example:

- **Treatment:** We may use and disclose your health information to a physician or other health care provider providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
- **Health care operations:** We may use and disclose your health information in connection with our healthcare operations. Health care operations include quality assessment and improvement activities, reviewing the competence and qualification of health care professionals, evaluating practitioner performance, conducting training programs, accreditation, certification, licensing, and credential activities.
- **Your authorization:** In addition to our use of your health information for treatment payment or health care operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- **To your family and friends:** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.



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- **Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses and disclosures. In the event of your incapability or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information.
- **Marketing Health-related Services:** We will not use your health information for marketing communications without your written authorization.
- **Required by Law:** We may use or disclose your health information when required to do so by law.
- **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may only disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials' health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
- **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemails, texts, emails, or written letters/postcards).

RIGHT TO EXPRESS COMPLAINTS

If you are concerned that we may have violated your privacy rights you may complain to us directly by using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to privacy of your health information. You will not be penalized in any way if you choose to file a complaint with us and/or with the U.S. Department of Health and Human Services.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington D.C., 20201
1-877-696-6775 (toll free)