



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.

We care about the privacy of your protected health information. We are required by law to notify affected individuals following a breach of unsecured protected health information.

If you have any questions regarding your privacy or any of the information contained in this Notice, please contact our Corporate Compliance Officer, Shelly Tucker, at 870-932-3600.

We create a record of the care and services your child and your family receive at our clinic. We need this record in order to provide care. We are required by law to maintain the privacy of your health information, abide by the terms of this Notice and provide you with this Notice. We reserve the right to change this Notice. We reserve the right to make the New Notice effective for all protected health information we maintain. A copy of our current Notice will be available and posted at the clinic.

Protected Health Information (PHI) is defined as demographics and individually identifiable health information about your child and your family and is related to the past, present or future physical or mental health conditions of your child and your family that involves providing health care services or payment.

Important Summary Information

Acknowledgement of Privacy Practices

We will ask you to sign a form that states you have received this Notice. This form does not state you have read the Notice, only that you have received it.

Requirement for Written Authorization

We will generally obtain your written permission before using your health information or sharing it with others outside our group practice. You may also initiate transfer of your records to another person by completing an authorization form. If you provide us with a written authorization, you may revoke that authorization at any time, except to the extent that we have already relied upon it. To revoke an authorization, please call our Corporate Compliance Officer, Shelly tucker 870-932-3600.



Important Summary Information

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Exceptions to Requirement for Written Authorization

There are some situations when we do not need your written authorization before using your child's or family health information or sharing it with others. These situations include treatment, payment, health care operations, an emergency, communicating with your family, and many other circumstances which are described in detail in this Notice.

MiracleKids Success Academy is committed to protect the privacy of your family's health care information. Some examples of the information we are protecting are as follows:

- Information about your child's or your family's health condition;
- Information about health care services your child or your family have received or may receive in the future;
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you or your child (such as your social security number, driver's license number, or phone number);
- Other types of information that may identify who you are.

How is this protected health information used?

MKSA will use your child's and your family's medical information and share it with others in order to treat your child's and your family's condition, obtain payment for that treatment, and run the practices' normal business operations. Here are some specific examples of how we may use this information without your authorization:

Treatment

We may share this information with doctors or therapist that are involved in taking care of your child or your family. We may use health information about you to provide your child and your family and medical treatment or services. We may disclose information about you to doctors or therapist or people who are taking care of you. A staff person in our practice may also share this information with another doctor who has referred your child for care in this clinic.

Payment

We may use your health information or share it with others for payment purposes. For example, we may share information about you with your insurance company or Medicaid in order to obtain reimbursement after we have treated your child or your family. We may also share information with your insurance company or Medicaid to determine whether it will cover your child's treatment or to obtain pre-approval before providing your child and your family with treatment.

Health Care Operations

We may use your child's or your family's health information or have it with others in order to conduct our normal business operations. This may include measuring and improving quality, evaluating performance, conducting training and getting accreditation certificates, licenses and credentials we need to serve you. We may also share your child's or your family's health information with another company that performs business services for us, such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information.



How is this protected health information used?

(continued)

Appointments

Treatment Alternative, Benefits and Services: We may use your protected health information when we contact you about our services. We may also use your health information in order to recommend possible services that may be of interest to you. We may send letters to your home regarding the status of your child.

Emergencies

We may disclose your child's health information if your child needs emergency treatment or if we are required by law to treat your child but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonable can after we treat your child.

Communication Barriers

We may use and disclose your child's protected health information if we are required by law to do so. We will notify you of these uses and disclosures if notice is required by law.

As Required by Law

We may use or disclose your child's health information if we are required by law to do so. We will notify you of these uses and disclosures if notice is required by law.

Public Health

We may disclose your child's protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your child's protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases

We may disclose your child's or your family's protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or condition.

Health Oversight

We may disclose your child's or your family's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect

We may disclose your child's or your family's protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have a governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirement of applicable federal state laws.



How is this protected health information used?

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Food and Drug Administration

We may disclose your child's or your family's protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological deviations, track products to enable product recalls, to make repairs or replacements, or conduct marketing surveillance as required.

Legal Proceedings

We may also disclose your child's or your family's health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes and otherwise required by law, limited information request for identification and location purposes, pertaining to victims of crime, suspicion that death has occurred as a result of criminal conduct, in the event that crime occurs on the premises of the practice, and medical emergency (not on the practice premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation

We may disclose your child's health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity

Consistent with applicable federal and state laws, we may disclose your child's or family's protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public. We may also disclose protected health information if it is necessary to law enforcement authorities to identify or apprehend an individual.

National Security and Intelligence Activities or Protective Services

We may disclose your child's or your family's protected health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Worker's Compensation

Your child's protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

Required Uses and Disclosures

Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of federal law.

Research

We may disclose your child's 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 child's protected health information.



A Summary of Your Rights

All of your rights may be exercised by contacting the Corporate Compliance Officer of Kids for the Future – Shelly Tucker at 870-932-3600.

- You have a right to request restrictions on our use or disclosure of your child's or your family's protected health information. However, we are not required to agree to your restrictions. If we do not agree to your restrictions, we will follow your request, except in case of emergency. However, if your restriction (if agreed to) will not prevent us from releasing information as required as required by other state and federal laws. Finally, if we accept your restrictions, we have the right to terminate them by notifying you of such. Kids for the Future is required to agree to a restriction of the use or disclosure of protected health information to your health plan if the disclosure is not for the purpose of carrying out payment or health care operations and is not otherwise required by law. You may also request a restriction of protected health information to your health plan with respect to health care or services for which you have paid for in full out of pocket. We must receive your request in writing in advance of the services being provided.
- You have a right to request that we communicate about your child's or your family's treatment and / or protected health information by alternative means or location. We are required to accept reasonable request. We require that you make this request in writing. You may request your health information be provided in paper or electronic format.
- You have the right to ask questions and receive answers.
- You do not have to sign an authorization form; however, it may prevent us from completing a task you have requested (such as enrollment in research study or examining you or your child to create a report for your attorney)
- The use and disclosure of protected health information will only be made with your written authorization, unless otherwise permitted or required by law. Use or disclosure of psychotherapy notes, protected health information for marketing purposes, and disclosures that constitute the sale of protected health information will only be made with your written authorization.
- Your refusal to sign an authorization form will not be held against you.
- You may change your mind and revoke your authorization, except in as much as we have relied on the authorization until the point or as needed to maintain the integrity of a research study.
- You have the right to inspect and copy your child's or your family's health information, as permitted by law.
- You have the right to request amendments to your child's or your family's protected health information. We require that all requests for amendments be made in writing and provide a reason to support the requested amendment. Please contact the Compliance Officer for details or to exercise this right.
- You may be contacted by Kids for the Future regarding fundraising activities. All fundraising communications will include an option to opt-out of receiving further communications.
- You have a right to an accounting of all entities that obtained information unrelated to treatment, payment or health care operations that you did not approve by an authorization (except as required by law). To request a list, contact the Compliance Officer.



A Summary of Your Rights

(continued)

- You have a right to this Notice. Any revisions to this Notice will be made available to you.
- You have the right to contact the Compliance Officer to request additional information or ask questions.
- You may complain to the Corporate Compliance Officer of Kids for the Future by calling 870.208.8362 and to the Secretary of the Department of Health and Human Services ([hhs.gov/ocr/hipaa](https://www.hhs.gov/ocr/hipaa)) if you feel that your child's or your family's privacy rights have been violated. We will not retaliate against you for filing a complaint.