



Children's Neuropsychological Services, PLLC

834 Kenwood Ave., Suite 3

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www.ChildrensNeuroServices.com

NOTICE OF PRIVACY PRACTICES

Children's Neuropsychological Services, PLLC

Effective Date: April 27, 2025

THIS NOTICE DESCRIBES HOW MEDICAL AND PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our office at 518-439-1641.

How We May Use and Disclose Health Information

We are required by law to protect your personal health information (PHI) and to provide you with this Notice about our privacy practices. We may use or disclose your PHI without additional written authorization for the following purposes:

Treatment: We may use or share your information to provide, coordinate, or manage your care. For example, we may consult with another health care provider regarding your evaluation or treatment.

Payment: We may use or disclose your information to bill and collect payment for services provided. This may include providing information to your insurance company to verify eligibility or secure payment. (We do not typically bill insurance directly, but disclosures may occur if needed for reimbursement purposes.)

Health Care Operations: We may use or disclose your information for activities necessary to run our practice, such as quality assessment, case management, licensing, audits, and business management.

Uses and Disclosures That Require Your Authorization

- We will obtain your written authorization before using or disclosing your information for purposes other than treatment, payment, or health care operations. This includes:
- Most uses and disclosures of psychotherapy notes (if applicable).
- Disclosures for marketing purposes.
- Disclosures that constitute the sale of protected health information.

- You may revoke an authorization in writing at any time, except to the extent that we have already taken action based on it.

Disclosures Required or Permitted Without Authorization

We may use or disclose your information without your consent in specific situations, including:

- **Child Abuse or Neglect Reporting** (mandatory reporting to appropriate agencies).
- **Adult and Domestic Abuse Reporting** if there is reasonable suspicion of abuse.
- **Health Oversight Activities** (e.g., audits, investigations by government agencies).
- **Judicial or Administrative Proceedings** (if ordered by a court or if required by law).
- **Serious Threat to Health or Safety** (to prevent harm to yourself or others).
- **Worker's Compensation Claims** (to comply with laws regarding work-related injuries).
- **Public Health Reporting** (such as communicable diseases or defective products).
- We will comply with all applicable state and federal laws regarding these disclosures.

Your Rights Regarding Your Health Information

You have the following rights regarding your protected health information:

- **Right to Request Restrictions:** You may request limits on how we use or share your information. We are not required to agree to all requests, but we will consider them carefully.
- **Right to Request Confidential Communications:** You may request that we contact you at a specific address or phone number.
- **Right to Inspect and Copy:** You have the right to access your clinical records, with limited exceptions. We may charge a reasonable fee for copies.
- **Right to Request an Amendment:** If you believe there is an error in your records, you may request a correction. We are not required to grant all requests but will review them carefully.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures made about your information, excluding disclosures for treatment, payment, and healthcare operations.
- **Right to a Paper Copy of This Notice:** You may request a paper copy at any time, even if you received this Notice electronically.
- **Right to Restrict Disclosures to Health Plans:** If you pay out-of-pocket in full for a service, you can request that information about that service not be shared with your health insurance plan.
- **Right to Notification of a Breach:** You have the right to be notified if there is a breach of your unsecured protected health information.

Our Duties

- We are required by law to maintain the privacy of your information.
- We must provide you with this Notice and abide by its terms.
- We reserve the right to change our privacy practices and update this Notice. Any changes will apply to all existing and future records. A current version of this Notice will be available upon request.

Questions and Complaints

If you have any concerns about your privacy rights, believe your rights have been violated, or have questions about this Notice, you may contact:

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Slingerlands, NY 12159

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You also have the right to file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not affect the care you receive.

Acknowledgment of Receipt

We ask you to acknowledge receipt of this Notice in the Client Services Agreement. A copy will be available to you upon request.