



2092 Gaither Road, Suite 100  
Rockville, Maryland 20850  
301.424.5200  
Fax 301.424.8063  
TTY 301.424.5203  
www.ttlc.org

## CHILD PSYCHO-EDUCATIONAL EVALUATIONS

Thank you for your interest in the psycho-educational evaluation services at The Treatment and Learning Centers (TLC)

If you have scheduled an appointment, please fill out the forms we mailed to you or that are located on our website at TTLC.org. On the website, go to the Psycho-educational Evaluations link called "Getting Started". Please return the following forms before your first appointment.

- ***Case History Form***
- ***Informed Consent and Authorization for Use and Disclosure***
- ***Physician's Referral Form*** to be completed by your child's doctor (this form is optional but is suggested if insurance reimbursement is being pursued)
- ***Demographic Information*** (optional)

If there is any other information related to the client's special needs (for example, prior evaluations, IEP's, etc.), please feel free to send copies along with the other information.

On the day of the initial interview, you will meet with a psychologist to discuss the concerns you want to have addressed. The cost of testing will be determined by the kind and amount of testing needed. You will also have a brief meeting with our administrative staff to discuss payment for services. Payment for the initial interview is required on the date of that appointment. This amount will be deducted from the final amount if you proceed with testing. Payment for the remaining portion of the evaluation and final conference may be made in installments through automatic charges to a credit card. We accept all major credit cards. Although we do not bill insurance companies directly, we will be glad to provide information and receipts to facilitate reimbursement. Please call if you need the procedure codes used for billing.

We look forward to working with you. If you have any questions, please feel free to call the intake staff for the Testing and Tutoring Services at 301-424-5200 ext. 6923.

Revised: 7/12  
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The Outpatient Services • The Testing and Tutoring Service • TLC's Summer Programs



The Treatment and  
Learning Centers  
**TLC**

*a family of services where caring comes first*

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## FREQUENTLY ASKED QUESTIONS CHILD PSYCHOEDUCATIONAL SERVICES

The Treatment and Learning Centers Psycho-Educational Evaluations are designed to help individuals (preschool through high school) who are struggling with learning. It is important to determine the cause of their difficulties in order to help them succeed.

Since formal evaluation requires a commitment of time, effort, and money, it is important that individuals/families understand what is involved in the process. If you have any questions or concerns after reading this overview, please call the Director of Testing and Tutoring Services, at 301-424-5200, x110. She will be happy to answer any questions.

### How Do I Begin?

Call our center to get started at 301-424-5200, ext. 6923. You will initially speak with the Outpatient Administrative Assistant who will provide information about the testing. An appointment for an evaluation can be made directly with our administrative assistant or one of our psychologists. When you schedule an appointment, please fill out the forms we mailed to you or that are located on our website at [TTLc.org](http://TTLc.org). On the website, go to the link for psych-educational evaluations called "Getting Started". It is necessary to have the forms completed and returned before the testing day. This allows us to review the information before we see you.

### How Long Does It Take?

The evaluation is usually completed over a two or three-day period and takes a total of up to 9 hours. If applicable, you may be asked to provide lunch for the individual being assessed if the evaluation will not be completed before noon. Snacks are provided during the morning. Parents occasionally ask if the evaluation can be conducted outside of school hours or in the afternoon. Because we feel it is important to capture the individual's best performance, we prefer to work with them in the morning when they are fresh and not tired from a day at school. Older students may possibly be scheduled for an all-day evaluation with a lunch break.

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### What Is Included in the Psychological Evaluation?

The individual will be seen for an evaluation that will include a measure of overall cognitive or intellectual ability as well as individual cognitive strengths and weaknesses. Cognitive abilities assessed include verbal comprehension, visual and spatial reasoning, working memory, visual-motor (paper and pencil) skill, and social reasoning. The standard evaluation also includes a screening assessment of social and emotional functioning such as self-esteem, relationships with friends, relationships with family members, and overall competence at home and at school. A licensed psychologist assumes the primary role in the evaluation process and, when appropriate, makes a diagnosis.

In addition to the standard evaluation, we can provide an assessment for Attention Deficit/Hyperactivity Disorder, Autism Spectrum or Social Communication Disorder, social and emotional disorders, developmental disorders, and behavioral disorders. Arrangements can be made for just psychological or just educational evaluations where appropriate.

### What Is Included in the Educational Evaluation?

The educational evaluation measures an individual's level of academic performance in reading, written language, mathematics, and general knowledge. By breaking down academic subjects into basic components, we can determine more precisely where students are having their greatest problems and how cognitive strengths and weaknesses affect academic performance. Educational evaluations are conducted by an educational diagnostician. The psychologist reviews all test results with the educational diagnostician.

### Does Insurance cover the cost of evaluations?

Some insurance companies may cover part of these evaluations. While we do not bill insurance companies directly, we will provide you with detailed invoices at the end of testing that you can submit to your insurance company. The procedural codes (CPT-4) that are used for the billing of the psychological portions are 90791, 96101 and 90846 or 90847. You can give these codes to your insurance company to check coverage. The educational portions of testing are not covered by insurance companies. Extended payment plan options through automatic credit card deductions are available to help with the cost of the evaluation.

### What Happens After the Evaluation?

In the weeks following the evaluation, the professional(s) who evaluated the individual consider the findings. In general, we look for profiles of strength and weakness. We compare the individual's demonstrated potential to demonstrated skill levels. A conceptualization of the problem is formulated and recommendations are made. Recommendations focus on addressing parents' concerns in a practical, helpful way.

### How Do I Get the Findings?

Results are shared with parents in two ways: a conference and a written report. Parents meet with the psychologist and/or educational diagnostician usually within two to four weeks of completing the evaluation. In the conference, we review our findings and help people determine the best ways to address the problems. We can offer specific advice as well as referrals to other resources at this time. Typically, both parents come to this conference, and it lasts an hour. It is best if young children do not accompany the parents to this meeting. If they do come, please be sure they can care for themselves without your supervision. When we work with older students, it is possible to include them in part of the conference in order to explain the results to them and include them in the decision-making process.

In addition to the conference, all the evaluation results are described in detail in a written report. These reports are written in understandable language and detail evaluation scores, interpretations, and recommendations. While all evaluation results are held in the strictest of confidence, we encourage parents to share the evaluation reports with professionals at the individual's school, as well as the individual's physician, to ensure the most comprehensive follow-up possible. The written report will be ready at your final consultation.

### What Happens at School?

With your written permission, we will confer with teachers by telephone to answer any questions they may have about the evaluation, and discuss recommendations that can be implemented in the classroom. A conference at the school is an optional service. For an additional fee, the psychologist or educational diagnostician can attend a meeting at the individual's school to collaborate on educational planning.

### What Other Services May Be Recommended?

Recommendations will often include classroom accommodations and specific teaching and behavioral strategies to help the individual be successful in the classroom, at home, and in the community. In addition, the Treatment and Learning Centers have several other departments that work with individuals experiencing learning problems. These include Speech and Language Services, Occupational Therapy, and Audiological Services. Evaluations or treatment in any of these departments may be indicated as a result of the Psycho-Educational Evaluation.

The Treatment and Learning Centers has a tutoring program designed particularly for students with learning problems. Tutoring is one-to-one, and the tutors are experienced in teaching students with learning problems. We also offer short term counseling and psychotherapy services to individuals and their families to help them learn to cope with their learning problems or to treat other mental health issues. Occasionally, we refer families to a variety of other services in the community. We can help parents locate appropriate services and support organizations upon request.

### What If We Have Recently Obtained Evaluations Elsewhere?

Many persons request a review of evaluations that have been done by the school or by other professionals. We offer an Educational History Review or psycho-educational consultation to persons who would like a second opinion of evaluations done previously. Individuals supply any previous evaluation reports and other relevant information to us. An appointment is then scheduled with the individual or parents to review the findings and make any recommendations that seem appropriate (such as additional evaluations, referrals, to other agencies, changes to the individual educational plan, etc.). A written report can be generated for an additional charge.

### What Do I Tell the Individual About the Evaluation Process?

Answers to this question vary widely. Older students who are able to understand the process should be told that the evaluation will find out what they do well and what is difficult for them. The point of the evaluation is to find out ways to help make school easier and to help them do better in school. Younger children may simply be told that they will be spending a morning working with people who are experts in how children learn. These people will help parents and teachers figure out how this child learns best. All the students should be reassured that the evaluation is not graded for school and is not being done

because they are "bad" or "stupid." Furthermore, all the students should be told that no one gets all the questions correct and that making mistakes is part of the process; all that is expected is their best effort. Parts of the evaluation are very similar to schoolwork and other parts are very different (questions, puzzles, drawings, etc.).

Although all individuals (and most parents) are anxious about the evaluation process, most nervousness disappears once the assessment has begun. We are here to help you understand the individual's strengths, needs, and learning style. The findings are often the first step in helping the individual develop his or her stronger abilities and compensate for areas of difficulty. Our priority is helping individuals reach their potential, and guiding parents to be their children's main source of support and assistance.

Last Revision: 5/2014

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## **POLICY**

### **FUNDAMENTAL RIGHTS OF PERSONS/FAMILIES SERVED**

TLC- The Treatment and Learning Centers recognizes the rights of persons served and their families. These rights will be in accordance with Federal and Maryland State Law: Health General Article 7-1002, Annotated Code of Maryland. These fundamental rights include, but are not limited to, the following while participating in programs at TLC:

1. The right to be treated with courtesy, respect, and full recognition of human dignity and individuality.
2. The right to receive treatment and services in the least restrictive environment that is available, adequate, appropriate, and in compliance with relevant laws, rules and regulations.
3. The right to be free from mental and physical abuse.
4. The right to be free from pharmacological intervention, except that a physician authorizes, in writing, for a clearly indicated medical need and made a permanent part of the individual's record.
5. The right to be free from physical restraints except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disabilities professional, and which are clearly indicated for the protection of the individual with developmental disabilities or others.
6. The right to receive respect and privacy in an individually developed program.
7. The right to worship as the individual chooses.
8. The right to an accounting of any funds belonging to the individual that are held or otherwise administered by TLC.
9. The right to be informed of all of the most integrated setting service options licensed through the Developmental Disabilities Administration.
10. The rights to receive complete and current information concerning his/her diagnosis, treatment/program, and prognosis in language he/she can reasonably be expected to understand.
11. The right to know the cost(s) of care/services being provided.
12. The right to receive equal consideration and not be excluded from participation in, or be denied the benefits of, or otherwise be subjected to discrimination on he grounds of race, sex, color, religion, national origin, handicapping conditions, or sexual orientation.
13. The right to a formal review through the Grievance/Appeal process if it is felt that any of the above rights have been violated. Specific policies and procedures on the Grievance/Appeal Process and Behavioral Management are available upon request.

Revised 3/12/98, 6/1/00, 2/28/06, 3/8/06, 6/16  
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## NOTICE OF PRIVACY PRACTICES

**TLC – The Treatment and Learning Centers, Inc.**  
**2092 Gaither Road, Suite 100**  
**Rockville, MD 20850**  
**Privacy Officer: Director of Administrative Services**  
**301-424-5200 ext. 147**

**Effective Date: September 23, 2013**

**Note: The Treatment and Learning Centers provides evaluative, therapeutic, medical and educational services to persons. For the purpose of this Notice of Privacy Practices, such services and descriptions about them shall be called Medical Information or Health Care.**

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 understand the importance of privacy and are committed to maintaining the confidentiality of your Protected Health Information (PHI). We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other professionals and health care providers to provide quality care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.*

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## A. How This Practice May Use or Disclose Your Health Information

This practice collects Protected Health Information (PHI) about you and stores it in a chart, on a computer and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

1. Treatment. We use medical information about you to provide your care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose medical information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.
4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone, unless you notify us otherwise.
5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

#### **B. When This Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

#### **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

#### **E. Complaints**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

DHHS Office of Civil Rights – by email to [OCRComplaint @ hhs.gov](mailto:OCRComplaint@hhs.gov) or via the OCR Complaint Portal on line at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

The complaint form may be found at [www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf). You will not be penalized in any way for filing a complaint.

Copias de TLC – Notas de las Praticas privada estan disponible en Espanol y escritura grande como sea necesario. Por favor haga esta solicitud @ nuestra Personal Privada.