



"...because life doesn't happen in a clinic"

Occupational Therapy Services

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1461 Merritt Dr. El Cajon, CA 92020
Phone: (858) 945-3243

SENSORY PROCESSING & MOTOR CONTROL QUESTIONNAIRE

Date e-mail:

Client Name Sex Birthdate Age

Parents:

Address: City Zip Code

Phone(C) (H) (W)

Schools Attended: Grade/Level

Issues of concern at home/at school:

Please provide any information that you feel will be helpful in treatment planning, including client interests such as hobbies, leisure activities, themes, favorite toys (princesses, Lightning McQueen):

Background Information

Complications, illness/infections/stress during pregnancy? Y / N (describe)

Complications during labor and delivery? Y / N (describe)

Forceps /vacuum / C-section? Y / N (elaborate)

Birth order Birth weight

Premature/Postmature/Full Term?(circle) Apgar score at 1 minute: 5 minutes:

Breast Fed? Y / N How Long? Strong Suck? Y / N Spit up frequently? Y / N

Problems with Feeding/Respiration/Sleeping? (circle) (describe)

Irritable/Happy/Quiet (circle) Baby? Did baby arch back & head when upset? Y / N

Developmental Milestones: Please note approximate age at which he/she did the following:

Held head up Rolled Over Sat Belly Crawled

Crawled Cruised Stood Alone Walked

Said first words Talked Toilet trained:(bladder) (bowels)

Undressed self _____ Dressed self _____ Managed snaps, zippers, buttons _____

Tied shoes _____ Started Pre-school _____ Preferred hand L / R _____ Age estab.? _____

Age(s) and sex(es) of siblings _____

Glasses? Y / N (condition) _____ Visual Conditions? Y/ N _____

Use of Adaptive Equipment (braces, canes, walker, wheelchair) _____

Assistive Technology (communication devices, ipad programs for school work) _____

Ear Infections? Y / N (How many, at what ages?) _____ Hearing Loss? Y/ N _____

Allergies? Y / N (food, animal, environmental) _____

Seizures? Y / N (describe) _____ Shunts / G-tubes /other _____

Precautions? _____

Injuries? Y / N (describe) _____ Hospitalizations? Y / N (describe) _____

Are immunizations up to date? Y / N _____

Medications Y / N (list) _____

Diagnosis _____

Please share any other pertinent history or goals that you would like us to address in therapy:

Scoring: Use an **X** to mark items that currently apply to the client, deleting/modifying parts of items as appropriate. Double X (**XX**) items which are of particular concern. Use a **P** to mark items that have been a problem in the past, but are now resolved. Feel free to add comments, examples, and additional information.

Vestibular (Movement and Balance)

- Difficulty sitting still
- Becomes overly excited after movement activity
- Thrill seeker on playground
- Preoccupied with movement; seeks intense movement: spins, twirls, bounces, jumps, rocks, crashes
- Avoids movement equipment on playground
- Only plays on _____ on playground
- Shakes head vigorously, assumes upside down position frequently
- Uncomfortable on elevators, escalators, motion sickness
- Excessive dizziness or nausea from swinging, spinning, riding in car
- Avoids activities which require balance
- Poor negotiation on uneven terrain (grass, wood chips, over tree roots, etc)
- Loses balance easily; fearful of challenges to balance
- As infant, tended to arch back when held or moved
- Avoids activities in which feet leave the ground
- Fear of falling when no real danger exists
- Trips easily, clumsy
- Uncoordinated (trouble skipping, jumping rope)
- Poor sense of rhythm
- Fear of heights, climbing
- Fearful or hesitant when ascending, descending stairs (seeks hand, railing or walls)
- Dislikes being moved
- Resists having head tilted backward
- Fearful of being tossed in air or turned upside down
- Moves stiffly, as a single unit
- Holds head upright when bending over or leaning: dislikes somersaults

Proprioceptive Function

- Bumps head often; doesn't extend arms when pushed from behind
- Difficulty grading movement, uses too little ___ too much power/force ___
- Insecure regarding body movement
- Unstable posture, easily thrown off balance
- Poor posture, slumps in chair with rounded back, head forward, and neck extended
- Props head on hand or lays head on forearm
- Prefers ___ avoids ___ crunchy or chewy foods
- Difficulty changing positions or moving slowly
- Avoids vibratory devices (barber's clippers, electric toothbrushes)
- Seeks out adults when on playground
- Walks on toes frequently
- Drags feet or poor heel-toe pattern when walking
- Wide based stance
- Turns whole body to look at person or object
- Head, neck, shoulder rigidity
- Bumps into things
- Avoid participation in ordinary movement experiences
- Resists new physical challenges, saying "I can't" without attempting
- Seems weaker, or tires more easily than peers
- Appears lethargic
- Seeks sedentary play
- Leans on objects, people for stability
- Weak pencil grasp, little pencil pressure
- Cannot lift heavy objects, avoids heavy work (resistive pushing or pulling)

- _____ Moves with quick bursts of activity rather than sustained movement
- _____ Achieves standing posture by pushing off floor with hands
- _____ W-sits
- _____ Loose joints
- _____ Collapses onto furniture
- _____ Seeks vibratory stimulation
- _____ Craves tumbling or wrestling
- _____ Frequently gives ___ requests ___ firm or prolonged hugs
- _____ Plays roughly with people or objects
- _____ Seeks opportunities to fall, crashes into things
- _____ Stamps or slaps feet on ground when walking
- _____ Kicks heels against floor or chair
- _____ Bangs stick or other object along wall or fence when walking
- _____ Cracks knuckles
- _____ Sets jaw when applying effort with extremities
- _____ Grinds or clenches teeth, bites or chews objects, clothing

Tactile Function

- _____ Excessive reaction to light touch sensation (anxiety, hostility, aggression)
- _____ As infant, not calmed by cuddling/stroking
- _____ Difficulty standing in line or close to other people
- _____ Tenses when patted affectionately
- _____ Negative reaction to unseen, unexpected touch
- _____ Clothes cover entire body, regardless of weather
- _____ Wears minimal clothes, regardless of weather
- _____ Avoids certain textures of clothing, materials
- _____ Avoids putting hands in messy substances/getting dirty
- _____ Engages in self-injurious behavior(s). List: _____
- _____ Likes to be wrapped tightly in sheet or blanket, seeks tight spaces
- _____ Engages in self-stimulatory behavior(s). List: _____
- _____ Frequently adjusts clothing as if feeling uncomfortable
- _____ Stands too close to people to the point of irritation
- _____ Touches everything, can't keep hands to self
- _____ No apparent response to being touched or bumped
- _____ Avoids busy, unpredictable environments
- _____ Intent on controlling/manipulating to keep environment predictable
- _____ Resistant to personal grooming activities such as washing hair, haircut, nail trimming, dentist.
(list others: _____)
- _____ Extreme reaction to tickling
- _____ Examines objects by placing in mouth
- _____ Appears under ___ over ___ sensitive to pain
- _____ Socks have to be just right: no wrinkles or twisted seams
- _____ Hyper-responsive gag reflex
- _____ Picky eater. List food preferences: _____
- _____ Limits self to particular foods/temperatures. List: _____
- _____ Hands seem to be unfamiliar appendages
- _____ Difficulty identifying which body part touched without vision
- _____ Untidy/messy dresser
- _____ Shoes worn loose or untied, or on wrong feet
- _____ Unable to identify familiar objects via touch only
- _____ Poor awareness of body part relationships
- _____ Rubs or scratches a spot that has been touched
- _____ Avoids/seeking going barefoot on textured surfaces (grass, sand)

Auditory

- Overly sensitive to loud sounds or noises
- Overreacts to unexpected or loud noises (sirens, etc.)
- Irrational fear of noisy appliances
- Covers ears to shut out auditory input
- Hears sounds others don't hear, or before others notice
- Sensitive to certain voice pitches
- "Tunes out" or ignores sounds nearby
- Unable to pay attention when there are other sounds nearby
- Can only work with stereo, TV on
- Flat, monotonous voice
- Unable to sing in tune
- Hums, sings softly, "self-talks" through a task
- Language hard to understand
- Voice volume too soft ___ too loud ___
- Needs visual cue to respond to verbal commands or requests
- Needs increased volume to respond
- Mispronounces words (bisghetti, mazagine, etc.)
- Doesn't respond when name is called
- Inattentive to what is said
- Fidgets when listening
- Misunderstands what you say ___ Confuses similar sounding words
- Doesn't seem to hear the beginning or middle of statements
- Frequently asks you to repeat what you have said
- Slow or delayed responses
- Difficulty sequencing the order of events when telling a story/describing an event
- Word finding difficulty, hesitant speech
- Tendency to stutter
- Limited use of descriptive vocabulary
- Participates little in conversations
- Enjoys strange noises, repeats same sounds over and over
- Seeks out toys, other objects which make sound ___ Craves music, other specific sounds

Oculo-Motor Control & Visual Perception

- Poor depth perception, examples: ducks when ball approaches, difficulty with stairs and/or curbs
- Poor awareness of space in relation to things around self
- When reading, skips words/lines ___ loses place ___ reads slowly ___ uses finger as marker ___
- Poor reading comprehension
- Letter/number/word reversals
- Overly sensitive to lights/sunlight
- Difficulty tracking a moving target without head movement
- Poor visual monitoring of hand when writing/manipulating objects
- Poor eye contact
- Dislikes having vision occluded or being in the dark
- Difficulty with near/far accommodation (copying from chalkboard)
- Squints ___ bloodshot eyes ___ eyes tear ___ raises eyebrows ___ rubs eyes ___
- Gets lost easily, has a poor sense of direction
- Poor visual monitoring of environment
- Hypervigilant or visually distracted
- Difficulty with/enjoys puzzles
- Writing illegible/misplaced on lines or page
- Dislikes/likes drawing
- Difficulty finding objects in complex background
- Overstimulated by busy visual environment
- Keeps eyes too close to work
- Tilts head ___ props head ___ lays head on arm with deskwork ___
- Uses peripheral more than central vision

Taste and Smell

- _____ Highly sensitive to common odors or to faint odors unnoticed by others
- _____ Does not seem to notice unpleasant smells
- _____ Will not taste food prior to smelling it and approving of its' smell
- _____ Prefers bland foods ___ highly seasoned foods _____
- _____ Hypersensitive to body odors such as breath or scents of soap, perfume, etc.
- _____ Tends to be overly focused on the taste or smell of non-food items

Suck, Swallow, Breathe Synchrony

- _____ Difficulty using straw
- _____ Unable to blow bubbles
- _____ Poor lip closure on utensils when eating, drinking
- _____ Limited skill with blow toys
- _____ Able to whistle
- _____ Poor saliva control/drooling
- _____ Tongue thrust
- _____ Chokes easily on liquids and/or solids
- _____ Shallow breathing pattern
- _____ Holds breath when applying effort
- _____ Poor breath support for speech/gasps
- _____ "Breathy" speech
- _____ Speech volume barely audible
- _____ Puts hands on hips to increase lung capacity
- _____ Mouth breathing
- _____ Lower rib cage flared

Self Care

- _____ Difficulty dressing or undressing _____ difficulty managing zippers, snaps, buttons, laces
- _____ Difficulty using utensils while eating
- _____ Prefers to eat with fingers ___ messy eater
- _____ Difficulty with bathing self ___ uable to wash hair _____
- _____ Difficulty brushing teeth independently

Fine Motor Skill

- _____ Difficulty drawing, coloring, cutting, avoidance of these activities
- _____ Unable to hold scissors and cut paper
- _____ Lines drawn are too light ___ wobbly ___ too dark ___ breaks pencil often _____
- _____ Lack of well established hand dominance
- _____ Difficulty using two hands together
- _____ Immature grasp of tools such as pencil, fork and spoon, toothbrush
- _____ Enjoys manipulatives, puzzles, construction toys

Bilateral Motor Coordination & Motor Planning

- _____ Limited rotation of pelvis and/or shoulder girdle around central core of body
- _____ Poor coordination of both eyes, hands, and/or legs for symmetrical movements
- _____ Unsteady/choppy/asymmetrical walking pattern
- _____ Difficulty performing two different tasks at same time (cut meat with knife and fork, hold and turn paper while cutting with scissors)
- _____ Difficulty crossing body midline with head or extremities
- _____ Confuses right and left
- _____ Letter and number reversals
- _____ Poor reading speed and/or comprehension
- _____ Ambidexterity/mixed hand dominance
- _____ Difficulty with projected action sequences (catch a ball, bat a ball)
- _____ Difficulty performing a new as opposed to a habitual, motor response strategy
- _____ Difficulty stepping over or around obstacles
- _____ Difficulty with timing and rhythm of movements (jumping jacks, galloping, skipping)

- _____ Disorganized approach to tasks
- _____ Prefers talking to doing
- _____ Problems in construction and/or manipulation of materials
- _____ Poor articulation
- _____ Handwriting deficits
- _____ Unable to conceive, organize and sequence movements required to complete a task
- _____ Insufficient body awareness
- _____ Inefficient/disorganized with self-help skills
- _____ Poor gross/fine motor control of body when attempting new activities
- _____ Misunderstands meaning of verbal cues when instructed to move or position body
- _____ Difficulty positioning self squarely on furniture, equipment
- _____ Poor visual-motor coordination
- _____ Difficulty imitating motions or playing games such as “Simon Says”
- _____ Fails to adapt body posture to demands of activity
- _____ Extraneous movement relative to demands of task

Emotional/Social Behaviors

- _____ Can’t sit still, hyperactive
- _____ Impulsive, does not think before acting
- _____ Poor ability to shift gears/self-regulate behavior
- _____ Easily distracted, difficulty staying on task
- _____ Short attention span unless engaged with something of particular interest
- _____ Intense, explosive
- _____ Tantrums
- _____ Displays aggression toward self ___ toward others
- _____ Easily frustrated ___ anxious ___ overwhelmed
- _____ Clingy, whiny, cries easily
- _____ Stubborn, inflexible, uncooperative
- _____ Poor eye contact
- _____ Poor self-concept/low self-esteem
- _____ Highly sensitive/can’t take criticism
- _____ Feelings of failure/frustration
- _____ Gives up easily
- _____ Hard to awaken
- _____ “Up and ready to go”
- _____ Hard to get to sleep
- _____ Difficulty making choices
- _____ Restless/deep/light sleeper
- _____ Fearful (list): _____
- _____ Unable to adjust to changes in routine
- _____ Slow to, or unable to make timely transitions
- _____ Prefers company of adults or older children
- _____ Prefers to play with younger children
- _____ Easily discouraged or depressed
- _____ Enjoys team sports
- _____ Tends to be a leader ___ follower ___ loner
- _____ Poor loser
- _____ Fails to see humor in situations
- _____ Needs more protection from life than peers
- _____ Accident prone
- _____ Difficulty expressing emotions verbally
- _____ Overly serious
- _____ Active, outgoing, enthusiastic
- _____ Inefficient way of doing things

OT OuTdoors

Occupational Therapy Services

Office Policies and Procedures

Confidentiality: All information disclosed within sessions is confidential and may not be revealed without written permission except where disclosure is required by law.

Payment for services: Payment is expected at the time that services are rendered. Cash and checks payable to OT OuTdoors are accepted for payment. A **late fee of \$20** will be applied if a payment is more than 7 business days late. Fees are as follows:

Service	Fee
Treatment session ¹	\$140.00
Treatment session (30 minutes)	\$ 80.00
Evaluation ²	\$420.00
Evaluation and Report	\$840.00
SIPT Evaluation and Report	Upon request
Additional Documentation	\$140.00 per hour
Consultation and other Services ³	\$140.00 per hour

¹Treatment sessions are comprised of fifty (**50**) **minutes** of parent education **and** client treatment, with an additional ten (10) minutes of post-treatment documentation.

²Evaluation typically consists of a two-hour appointment working directly with the client and interviewing the family. Next, the therapist will score and analyze the evaluation. Then, a follow-up meeting will be scheduled to **orally** review the results, goals and treatment plan. If a recent evaluation has been completed by another office this process may be modified and fees will be billed at \$140 per hour.

³Consultation and other services include consultation with parent, client, teacher, advocate or other health care professional via telephone, e-mail, in-person meeting, in-service, classroom observation, or home visit. Meeting preparation time, review of documentation, and driving time are also billed at the same rate of \$140 per hour.

Cancellation policy: Appointments are made at a fixed time. Once we have agreed upon an appointment time, you are responsible for that hour and the fee. A minimum of 24 hours phone notice is required for canceling or rescheduling an appointment, without which the usual fee will be charged. If your child or you are ill we will do our best to try and reschedule the missed appointment within the month. If the appointment is not made-up within the month the fee for the original missed appointment will be due.

Client safety is our top priority. Use of the horse during therapy sessions is at the therapists' discretion. Horse use may be suspended due to weather, staffing, horse health or client behavior. Therapy session will occur as scheduled regardless of horse use. **Contact procedures:** If you need to contact us between sessions, please let us know the urgency of your call. Your call will be returned within 24 business hours.

I have read and understand the policies and procedures and have no further questions.

Signature

Date

OT OuTdoors
Occupational Therapy Services
Carrie R. Jacobs MOTR/L 1461 Merritt Dr. El Cajon, CA 92020
Phone: (858) 945-3243

AUTHORIZATION TO RELEASE INFORMATION

I authorize a mutual exchange of any Occupational Therapy Reports, test results, and other pertinent information regarding _____ between OT OuTdoors and

I understand that the information will be kept confidential and used for professional reasons only.

You are hereby released from all legal liability that may arise from the release of the information requested.

Signature: _____ Date: _____

Print Name: _____ Relationship: _____

OT OuTdoors
Occupational Therapy Services

Carrie R. Jacobs MOTR/L
1461 Merritt Dr. El Cajon, CA 92020
Phone: (858) 945-3243

VIDEO AND PHOTO RELEASE

I/We give my/our permission to OT OuTdoors to use pictures and/ or video of our child _____ for educational and promotional purposes.

Parent Name (Please print)

Parent Name (Please print)

Parent Signature

Parent Signature

Date

Date

OT OuTdoors
Occupational Therapy Services
Carrie R. Jacobs MOTR/L 1461 Merritt Dr. El Cajon, CA 92020
Phone: (858) 945-3243

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the 2009 HITECH Act Revisions and the New Regulations in the HIPAA Omnibus Rule (2013).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

OT OuTdoors is dedicated to maintaining the privacy of individually identifiable health information as protected by law, including the Health Insurance Portability and Accountability Act (HIPAA). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. This information is referred to as *Protected Health Information* or PHI. We are required by law to provide you with this notice of our legal duties and the privacy practice that we maintain in our organization concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

This notice contains the following required information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI and notification following a breach

The terms of this notice apply to all records containing your PHI that are created or retained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our organization has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our organization will post a copy of our current Privacy Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS, PLEASE CONTACT:

Compliance Officer
OT OuTdoors
1461 Merritt Dr.
EL Cajon, CA 92020
(619) 772-7158

C. HOW WE MAY USE AND DISCLOSE PHI

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment. Our organization may use your PHI to treat you. For example, we may ask you to have evaluations and we may use the results to help us develop an individual plan for services. Many of the people who work for our organization – including, but not limited to, our occupational therapists, physical therapists and case managers– may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may also disclose your PHI to your primary care physician or other outside health care provider for purposes related to your treatment. Finally, we may disclose your PHI to family members or others who may assist in your care.

2. Payment. Our organization may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer, to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use

and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other payers or providers to coordinate and assist their billing efforts.

3. Health Care Operations. Our organization may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our organization may use and disclose your PHI to contact you and remind you of an appointment.

5. Treatment Options. Our organization may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services. Our organization may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Fundraising. We may contact you to raise funds for our organization.

8. Release of Information to Family/Friends. Our organization may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a care giver take an individual to the doctor's office for examination for seizures that occurred while at our organization. We may give the caregiver a copy of a case note for the physician documenting the seizure(s). In this example, the caregiver may have access to this individual's medical information.

9. Disclosures Required By Law. Our organization will use and disclose your PHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our organization may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult person served (including domestic violence) though we will only disclose this information if the person served agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness
- medical surveillance

2. Health Oversight Activities. Our organization may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our organization may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena, or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Persons. Our organization may release PHI to a medical examiner or coroner to identify cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. Our organization may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when Internal or Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

7. Serious Threats to Health or Safety. Our organization may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. National Security. Our organization may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

9. Workers' Compensation. Our organization may release your PHI for workers' compensation and similar programs.

10. Other uses and disclosures not described in the Notice of Privacy Practices will be made only with your authorization.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Program Director or Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. This includes the right to restrict disclosure of information to health plans if you have paid in full out of pocket. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members, guardians, and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Program Director or Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our organization's internal use, outside disclosure or both; and

(c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Program Director or Privacy Officer in order to inspect and/or obtain a copy of your PHI. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our organization may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to the Program Director or Privacy Officer. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the organization; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our persons served have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our organization has made of your PHI, e.g. for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine care in our organization is not required to be documented. For example, the occupational therapist sharing information with the physical therapist; the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. Also, we are not required to document disclosures made pursuant to an authorization signed by you. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an “accounting of disclosures” must state a time period, which may not be longer than (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our organization may charge you for additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact any Program Manager or the Privacy Officer.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the Program Director or the Privacy Officer. We urge you to file your complaint with us first and give us the opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, however, that we are required to retain records of your care.

F. OT Outdoors is required by law to notify affected individuals following a breach per the HITECT Act and its regulations.

OT OuTdoors
Occupational Therapy Services

Carrie R. Jacobs MOTR/L
1461 Merritt Dr. El Cajon, CA 92020
Phone: (858) 945-3243

ACKNOWLEDGEMENT RECEIPT
OF NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the 2009 HITECT Act Revision and the HIPAA Omnibus Rule (2013).

OT OuTdoors is required annually to provide all families receiving services with an updated copy of their Notice of Privacy Practices. If you have any questions regarding this Notice or our health information privacy policies please contact the Privacy Officer.

The attached notice describes how health information about you may be used and disclosed, and how you can get access to your individually identifiable health information.

By signing below I am acknowledging that I have been provided with a copy of OT OuTdoors Notice of Privacy Practices.

Name of Child (please print): _____ Date of Birth: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____