Notice of Privacy Practices

Hearts & Hands Pediatric OT, LLC

Effective date: October 29, 2026

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.

This notice applies to health information maintained by Hearts & Hands Pediatric OT, LLC in connection with its occupational therapy services. “You” means the patient. For a child, a parent or legal guardian generally exercises these rights, subject to applicable law and the child’s own rights.

Questions and privacy requests

Privacy Contact: Shanna Chaples, OTR/L, Owner
Phone: 954-504-0084
Email: shanna@heartsandhandsot.com
Website: https://www.heartsandhandsot.com/

Contact us to ask questions, request records, exercise a privacy right, or make a complaint. We can explain how to submit a written request and verify your identity or authority. Please avoid including detailed health information in an initial email; ask us about a suitable way to provide it.

Your rights

See or receive your records

You may ask to inspect or receive an electronic or paper copy of your medical record and other information used to make decisions about your care. We generally respond within 30 days. If a legally permitted extension is needed, we will explain the reason and completion date in writing. A reasonable, cost-based fee may apply as permitted by law.

Request a correction

You may ask us to amend information you believe is incorrect or incomplete. We generally respond within 60 days, subject to a legally permitted extension. If we deny the request, we will explain why in writing and explain your right to submit a statement of disagreement.

Request confidential communications

You may ask us to contact you in a particular way or at a different location, such as using a specific phone number or mailing address. We will accommodate reasonable requests.

Request limits on use or disclosure

You may ask us to restrict information used or shared for treatment, payment, or health care operations. We do not have to agree to every request. If we agree, we will follow the restriction except as permitted by law, including necessary emergency treatment. If you pay for an item or service out of pocket in full and ask us not to disclose related information to your health plan for payment or operations, we will honor that request unless disclosure is required by law.

Your rights and choices

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request, including who received information and why. Disclosures for treatment, payment, health care operations, and certain other exceptions are not included. One accounting in a 12-month period is free; a reasonable fee may apply to additional requests, with advance notice and an opportunity to change or withdraw the request.

Receive this notice and choose a representative

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. A legally authorized personal representative may exercise rights on your behalf. We will verify that authority. Parental access may be limited where applicable law protects a minor's confidentiality or where other legal exceptions apply.

File a complaint without retaliation

If you believe your privacy rights have been violated, contact Shanna Chaples using the phone or email on page 1. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at https://www.hhs.gov/hipaa/filing-a-complaint/index.html or by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Family and others involved in care

Where permitted by law, we may share information relevant to care or payment with family members or others involved in your care when you agree, have an opportunity to object and do not object, or the circumstances reasonably indicate your agreement. If you cannot express a preference, we may share relevant information based on professional judgment and your best interests. Similar rules may apply to disaster relief communications.

Uses requiring written authorization

We obtain written authorization for uses or disclosures not otherwise permitted or required by law. This includes most uses or disclosures of psychotherapy notes, marketing uses requiring authorization, and sales of protected health information. Occupational therapy treatment notes are not psychotherapy notes merely because they address behavior or regulation. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Fundraising communications

If we contact you for fundraising, you may opt out of future fundraising communications. Your decision will not affect treatment or payment. If any fundraising uses records protected by 42 CFR Part 2, we will provide clear advance notice and an opportunity to choose whether to receive those communications.

How we normally use information

Treatment

We may use information to evaluate, plan, provide, and coordinate occupational therapy and share it with treating professionals as permitted by law. For example, we may discuss your child's functional needs with the referring physician or another treating therapist.

Payment

We may use and disclose information to verify benefits, obtain authorizations, bill, and receive payment as permitted by law. For example, we may send an evaluation or progress information to Medicaid or a health

plan to support coverage. Scholarship-related disclosures will be handled under applicable permissions and requirements.

Other disclosures and our responsibilities

Health care operations

We may use or share information as permitted by law to administer the practice, improve quality, review services, conduct audits, and contact you about care. Service providers handling protected information on our behalf must provide the agreements and safeguards required by law.

Other permitted or required disclosures

Subject to applicable legal conditions, we may disclose information for public health activities, product recalls, adverse-event reporting, reports of suspected abuse or neglect, and prevention of serious and imminent threats. We may disclose information to health oversight agencies, for authorized research, for workers' compensation, and for legally authorized law enforcement or special government functions. We may also disclose information to organ procurement organizations and coroners, medical examiners, or funeral directors where permitted by law.

We will disclose information when required by law, including to HHS for compliance review. We may respond to court or administrative orders and subpoenas only when the applicable legal requirements are met. These descriptions do not permit disclosure where a more protective law prohibits it.

Additional protection for sensitive records

We follow applicable Florida and federal laws that provide greater confidentiality protections, including requirements concerning patient records, HIV-related information, mental health records, and substance use disorder records. Depending on the record and circumstances, those laws may require specific consent or other additional conditions before disclosure, even when HIPAA would otherwise permit it.

If we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records, or testimony describing their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena as required by law. Additional Part 2 protections and restrictions apply where applicable.

Our legal duties

We are required by law to maintain the privacy of protected health information, provide this notice of our legal duties and privacy practices, and notify affected individuals following a breach of unsecured protected health information as required by law. We must follow the notice currently in effect. We use appropriate administrative, physical, and technical safeguards; no technology or signed vendor agreement alone establishes compliance.

Changes to this notice

We reserve the right to change our privacy practices and this notice, and to apply revised terms to all protected health information we maintain, including information received before the change. The revised notice will state its effective date and will be available upon request and on our website. We will provide notice of changes as required by law.

Obtaining a copy or making a request

Call 954-504-0084 or email shanna@heartsandhandsot.com to request a copy or instructions for exercising your rights. You may request a paper copy without agreeing to electronic delivery.