

HIPAA POLICY

NOTICE OF PRIVACY PRACTICES

Effective Date: March 1, 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.

Radiant Moments Pediatric Therapy, PLLC (“Radiant Moments,” “we,” “our,” or “us”) is required by law to protect the privacy of your Protected Health Information (PHI) and to provide you with this Notice explaining our legal duties and privacy practices.

OUR LEGAL DUTIES

We are required to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of our legal duties and privacy practices.
- Abide by the terms of this Notice currently in effect.
- Notify you following a breach of unsecured protected health information.
- Comply with applicable federal and North Carolina state privacy laws.

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be posted on our website and available upon request.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your PHI for the following purposes:

1. Treatment

To provide, coordinate, or manage healthcare services.

Examples:

- Sharing information with physicians, teachers (with authorization), or other providers involved in care.
- Telehealth services.
- Community-based therapy coordination (homes, daycares, schools, etc.).

2. Payment

To bill and receive payment for services.

Examples:

- Submitting claims to Medicaid or commercial insurance.
- Verifying coverage.
- Collection activities.
- Responding to insurance audits.

3. Healthcare Operations

To operate our practice effectively.

Examples:

- Quality improvement activities
- Staff supervision and training
- Compliance reviews
- Risk management
- Business planning

4. Appointment Reminders and Care Communications

We may contact you via:

- Encrypted email
- Secure patient portal (Ambiki)
- Phone

We use HIPAA-compliant systems, including Ambiki EHR and encrypted Google Workspace email (with Business Associate Agreements in place).

5. Business Associates

We may share PHI with trusted third-party vendors who assist in operations (e.g., Ambiki EHR, Google Workspace). These entities are required to safeguard your information through written agreements.

6. As Required by Law

We may disclose PHI:

- To comply with federal or North Carolina law
- In response to court orders or subpoenas
- For public health reporting
- For health oversight activities
- To prevent serious threats to health or safety

7. Substance Use Disorder Records (42 CFR Part 2)

If we create or receive records related to substance use disorder diagnosis, treatment, or referral, those records may be subject to additional federal protections under 42 CFR Part 2.

In most cases:

- Such records cannot be used or disclosed in legal proceedings without your specific written consent or a court order.
- We will comply with both HIPAA and applicable federal confidentiality laws governing substance use disorder information.

8. Marketing and Testimonials

We will not use or disclose your PHI for marketing purposes without your written authorization.

If you provide a testimonial or allow us to use your image, story, or feedback for marketing, we will obtain a separate written authorization. You may revoke that authorization at any time in writing.

We do not sell protected health information.

YOUR RIGHTS

You have the right to:

1. Access and Copies

Inspect and obtain a copy of your health records.

2. Amendments

Request corrections to your records.

3. Restrictions

Request restrictions on certain uses or disclosures. We are not required to agree but will comply if we do.

4. Confidential Communications

Request communication by alternative means (e.g., specific email address).

5. Accounting of Disclosures

Request a list of certain disclosures made outside of treatment, payment, and operations.

6. Breach Notification

Be notified if your unsecured PHI is breached.

7. Paper Copy

Receive a paper copy of this Notice upon request.

ELECTRONIC COMMUNICATIONS

Radiant Moments uses encrypted email and secure patient portals for communication.

While we use reasonable safeguards, electronic communications may carry some risk. By choosing electronic communication, you acknowledge these risks. We will not send highly sensitive information via unencrypted methods.

COMMUNITY-BASED SERVICES

Because we provide therapy in community settings (homes, daycares, etc.), reasonable safeguards are taken to maintain privacy; however, confidentiality may be influenced by the environment. We encourage families to help identify private spaces when possible.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Privacy Officer:

Caitlin Burke

Owner, Radiant Moments Pediatric Therapy, PLLC

(919) 228-8094

caitlin@radiantmomentstherapy.com

You may also file a complaint with:

U.S. Department of Health & Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

(877) 696-6775

www.hhs.gov/ocr

ACKNOWLEDGMENT OF RECEIPT

We require patients or guardians to sign acknowledgment of receipt of this Notice at intake.