

NOTICE OF PRIVACY PRACTICES

Cherish to Grow Pediatric Therapy, LLC

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You may have additional rights under state law. If you have questions regarding your rights to health information, you may wish to consult with an attorney licensed in your state.

EFFECTIVE DATE

This Notice is effective **March 16, 2026**

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, you have certain rights regarding the use and disclosure of protected health information (PHI).

I. OUR COMMITMENT REGARDING HEALTH INFORMATION

At **Cherish to Grow Pediatric Therapy, LLC**, we understand that health information about you or your child is personal and private. We are committed to protecting this information.

We create and maintain records of the care and services provided in order to:

- Provide quality speech and feeding therapy services

- Coordinate care when appropriate
- Comply with legal and professional requirements

This notice applies to **all records of care generated by Cherish to Grow Pediatric Therapy, LLC.**

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

We reserve the right to change the terms of this Notice. If changes occur, the updated notice will apply to all information we maintain and will be available:

- Upon request
- In our office
- On our website (when available)

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe ways that we may use or disclose protected health information.

Not every possible example is listed, but all permitted uses will fall into one of these categories.

Treatment

We may use or disclose health information to provide, coordinate, or manage your child's care.

For example:

- Consulting with another speech-language pathologist or healthcare provider
 - Coordinating care with physicians, occupational therapists, or other professionals
 - Sharing information necessary for referrals or collaboration
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Payment

As a **cash-pay practice**, Cherish to Grow Pediatric Therapy does not bill insurance directly. However, health information may still be used for payment purposes such as:

- Preparing invoices
 - Providing **superbills** for families to submit to insurance
 - Processing payments using HSA/FSA accounts
 - Documentation required for ESA funding programs
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Healthcare Operations

We may use PHI for routine business operations including:

- Scheduling appointments
 - Appointment reminders (text, email, or phone)
 - Quality improvement activities
 - Training and supervision of staff
 - Administrative and record-keeping purposes
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Legal Requirements

We may disclose PHI when required to do so by federal, state, or local law.

Examples include:

- Court orders or subpoenas
 - Government investigations or audits
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III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses of your health information require your written permission.

These include:

Marketing

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

For example, if you provide a testimonial or review that includes identifiable health information, we will obtain written permission before sharing it publicly.

You may withdraw authorization at any time by providing written notice.

Sale of PHI

Cherish to Grow Pediatric Therapy **does not sell protected health information.**

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

We may disclose PHI without written authorization in certain circumstances, including:

Appointment Reminders

We may contact you to remind you of upcoming therapy sessions.

Public Health and Safety

We may disclose information when necessary to:

- Report suspected child abuse or neglect
- Prevent a serious threat to health or safety
- Comply with public health reporting requirements

Health Oversight Activities

Information may be disclosed for audits, licensing reviews, or investigations by regulatory agencies.

Law Enforcement

We may disclose information to law enforcement officials when required by law.

Judicial Proceedings

We may disclose information in response to a court order, subpoena, or other lawful process.

Workers' Compensation

We may disclose PHI as necessary to comply with workers' compensation laws.

V. DISCLOSURES TO FAMILY MEMBERS OR CAREGIVERS

Because Cherish to Grow Pediatric Therapy treats **children**, parents or legal guardians typically have access to the child's health information.

With permission, we may share relevant information with:

- Parents or legal guardians
- Family members involved in care
- Caregivers involved in therapy support

You have the right to object to certain disclosures unless disclosure is necessary to prevent a serious threat to health or safety.

VI. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights regarding your health information.

Right to Request Restrictions

You may request restrictions on how your PHI is used or disclosed for treatment, payment, or operations. We are not required to agree to all requests.

Right to Confidential Communication

You may request that we communicate with you in a specific way (for example, by phone, email, or at a different address).

Right to Access Records

You have the right to request a copy of your child's medical record.

Records will be provided within **30 days of written request**. A reasonable administrative fee may apply.

Right to Request Amendments

If you believe information in your record is incorrect or incomplete, you may request a correction. If we deny the request, we will provide an explanation in writing.

Right to an Accounting of Disclosures

You may request a list of disclosures of your PHI made outside of treatment, payment, or operations within the past six years.

Right to Receive a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

Right to Choose Someone to Act for You

If you have designated someone with **medical power of attorney** or legal guardianship, that person may exercise your rights regarding health information.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint.

You may contact:

Cherish to Grow Pediatric Therapy, LLC 34225 N. 27th Dr, Suite 110 Phoenix, AZ 85085

You may also file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201

Phone: (877) 696-6775 Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

You will **not be penalized or retaliated against** for filing a complaint.

VII. CHANGES TO THIS NOTICE

Cherish to Grow Pediatric Therapy reserves the right to change the terms of this Notice.

Updated versions will be available:

- In our office
 - Upon request
 - On our website (when available)
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