



# **SPEECH SPOT LLC**

## **Children's Speech Therapy**

## **Notice of Privacy Practices**

**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.**

### **PURPOSE OF THIS NOTICE**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Our duties and your rights are set forth more fully in 45 CFR part 164.

We create records of the services you receive from Speech Spot LLC. We need these records to give you quality care and services. We also need these records to follow various local, state and federal laws. We are required to abide by the terms of this Notice. This Notice of Privacy Practices does not affect your eligibility for benefits or services.

### **YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a written request to your therapist or Speech Spot LLC.

#### **Right to Review and Copy**

You have the right to ask to review and copy your protected health information that is used to make decisions about your care or payment for your care. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of or for use in legal proceedings. Please contact our office if you have any questions about access to your speech therapy records.

#### **Right to Amend**

You have the right to ask us to make changes to your health information if you feel that the

information we have about you is wrong or not complete. If you would like to ask Speech Spot LLC to change your health information, document your request in writing. We may deny your request if you ask us to change information that:

- Was not created by Speech Spot LLC;
- Is not part of the information kept by or for Speech Spot LLC;
- Is not part of the information which you would be allowed to review and copy; or
- We determine is correct and complete.

### **Right to Restrict Health Information Disclosures**

You have the right to ask us not to use or share your health information for the purposes of treatment, payment or normal business purposes. You must tell us what information you do not want us to use or share and whom we should not share it with. If you would like to ask Speech Spot LLC to not share your information, document your request in writing and give it to your therapist or Speech Spot LLC. If we agree to your request, we will comply unless the information is needed to give you emergency treatment or until you end the restriction.

### **Right to an Alternate Means of Delivery**

You have the right to ask that we deliver your information to you at a different mailing address or by a different method of communication. If you would like to ask for an alternate means of delivery for your information, notify your therapist. We will not ask you the reason for your request. We may require that you explain how payment will be handled if an alternative means of communication is used. All reasonable requests will be approved.

### **Right to an Account of Health Information Disclosures**

You have the right to ask for an accounting of certain disclosures we have made of your protected health information after April 14<sup>th</sup>, 2003. We are not required to account for disclosures for treatment, payments, or health care operations; to family members or others involved in your health care or payment; for national security, intelligence, or law enforcement purposes or for the times you authorized us to share your information.

### **Right to a Copy of this Notice**

You have the right to obtain a copy of the Notice upon request.

## **USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE WITHOUT WRITTEN AUTHORIZATION**

We may disclose protected health information for the following purposes without your written authorization.

**For Treatment:** We may use your information to provide speech therapy services. We may share your information with a nurse, medical professional or other personnel who are giving you treatment or services. We also may share your information with people who are involved in your care, such as family members, informal or legal representatives, or others that give you services as part of your care.

**For Payment:** We may use and share your information so that the treatment and services you receive through Speech Spot LLC can be paid. For example, we may need to give your medical insurance company information about the treatment or services that you received so that your medical insurance can pay for the treatment or services.

**For Healthcare Operations:** We may use and share your information for certain healthcare operational purposes that are necessary to run our practice and to make sure that all of our patients receive quality care. For example, we may use your information from your medical records to review the performance or qualifications of providers and staff, train staff, or make business decisions affecting our office.

We may share your protected health information with third part “business associates” that perform various activities such as accounting or billing for our office. When this occurs we will have a written contract that contains terms that will protect the privacy of your protected health information.

**For Individuals Who are Part of Your Care or Who Make Payment for Your Care:**

We may give your information to a family member, legal representative, or someone you designate who is part of your care. We may also give your information to someone who helps pay for your care. If you are unable to agree to such a release, we may share such information as needed if we determine that it is in your best interest based on our professional opinion. Also, we may share your information in a disaster so that your family or legal representative can be told about your condition, status and location.

**Other Permitted and Required Uses and Discloses That May be Made Without Your Authorization or Opportunity to Agree or Object:**

- As Required by Law
- For Public Health Risks
- To Law Enforcement
- For Lawsuits and Disputes
- To Coroners, Medical Examiners, Funeral Directors
- For Organ and Tissue Donation
- For Emergency Treatment
- To Prevent a Serious Threat to Health or Safety
- Military Activity and National Security
- For Health Oversight Activities

**USES AND DISCLOSURES OF INFORMATION BASED ON YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of your protected health information will be made only with our written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered in your written

authorization. Please understand that we are unable to take back disclosures already made with your authorization.

### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms or our Notice of Privacy Practices at anytime, and to make the new Notice provisions effective for all protected health information we maintain at that time. We will post a copy of the current Notice in our reception area. You may obtain a copy of the current Notice at any time from our website, our office or your therapist.

### **COMPLAINTS**

If you believe your information privacy rights have been violated, you may file a written complaint with Speech Spot LLC. All complaints turned in to Speech Spot LLC must be in writing. If you believe your health information privacy rights have been violated, you may also file a complaint with the Secretary of Health and Human Services. Your complaint must be in writing, and you must name the organization that is the subject of your complaint and describe what you believe was violated. Send your written complaint to:

Secretary of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

A complaint filed with either Speech Spot LLC or the Secretary of Health and Human Services must be filed within 180 days of when you believe the privacy violation occurred. This time limit for filing complaints may be waived for good cause. You will not be punished or retaliated against for filing a complaint.

*Effective Date April 14 2003*