



Southeastern Speech, Language, & Hearing Clinic Notice of Privacy Practices

I acknowledge receipt of Privacy Practices:

Client's name: _____ **Date** _____

Signature _____

The Health Insurance and Portability & Accounting Act of 1996 (“HIPAA”) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept confidential. This Act gives you, the client, the right to understand and control how your personal health information (“PHI”) is used. HIPAA provides penalties for covered entities that misuse personal health information.

HOW YOUR HEALTH INFORMATION MAY BE USED:

To Provide Treatment

We will use your health information within our clinic to provide you with the best services possible. This may include administrative and clinical procedures designed to optimize scheduling and coordination of care between speech language pathologists, occupational therapists, trainees, student clinicians, and business staff. In addition, we may share your health information with physicians, referring health care professionals, and other health care personnel providing you treatment as indicated on your signed release form. All staff have been trained in our privacy procedures.

To Obtain Payment

We may include your health information with an invoice to collect payment for treatment you receive or it may be included with insurance forms filed for you in the mail or sent electronically. We will work only with companies who share our commitment to the security of both your health information, meaning they are compliant with HIPAA regulations.

To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Health information may be included in peer review for our employees and associates. It is also possible that insurance companies or government appointed agencies, as part of their quality assurance and compliance reviews will disclose health information during audits. Your health information may be reviewed during the routine processes of certification, licensing, or credentialing activities.

As Patient Reminders

Because we believe consistent care is very important in your therapy, we will remind you of scheduled appointments or that it is time for you to contact us to schedule a parent conference. Additionally, we may contact you for follow up care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our clients to be sure they receive the best care we can provide. They may include postcards, folding postcards, letters, telephone reminders or electronic reminders such as email (unless you inform our clinic that you do not want to receive these reminders).

Abuse or Neglect

We will notify government authorities if we believe a client is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the client's agreement.

Public Health and National Security

We may be required to disclose to federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment, or medical device.

For Law Enforcement

As permitted or required by State or federal law, we may disclose your health information to a law enforcement official for certain enforcement purposes, including, under certain circumstances, if you are the victim of a crime or in order to report a crime.

Family, friends, and caregivers

With your permission we may share your health information with those you tell us will be helping you with your therapy program or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

PATIENT RIGHTS:

This new law is careful to describe that you have the following rights related to your health information. Our clinic will make every effort to honor reasonable restriction requests from our clients.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our clinic will make every effort to honor reasonable restriction requests from our clients.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through

mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy your Health Information

You have the right to read, review, and copy your health information, including your chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our clinic maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information records in question were not created by our clinic, are not part of our records, or if the records containing your health information are determined to be accurate and complete.

Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our clinic for any reason other than for treatment, payment, or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003, and forward. Please let us know in writing the time period for which you are interested. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our clinic at any time. Stop by or give us a call and we will mail, or email a copy to you. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices, we will be sure all of our clients receive a copy of the revised notice.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your rights have been compromised. We encourage you to express any concerns you have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.

