



## HIPAA 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.**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires 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 properly confidential. This Act gives you, the patient, rights to understand and control how your health information is used.

**Protection of Health Information:** We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPAA provides penalties for covered entities that misuse personal health information. Your protected health information is information that relates to your past, present, or future health care. This includes your medication history, diagnostic evaluations, therapeutic services, and related healthcare services.

**Uses and Disclosures of Your Protected Health Information:** As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use or share your health information with others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the practice, and any other use as required by law.

- **Treatment:** We may use or disclose your protected health information to provide, coordinate, or manage healthcare and related services, by one or more healthcare providers. For example, we may provide your protected health information to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- **Payment:** We may use or disclose your protected health information for such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. For example, we may email you an invoice or give information about you to your health insurance plan so it will pay for your services.
- **Health care operations:** We may use or disclose your protected health information in order to support the business aspects of running our practice, improve your care, and to contact you when necessary. Examples include conducting quality assessment and improvement activities, auditing functions, cost-management analysis, practice bookkeeping, and customer service. For example, we may use information about you to conduct an internal quality assessment review, train speech-language pathology students at our practice, use a sign-in sheet during check-in, call you by name in the waiting room, or contact you to remind you of your appointment or provide information about other treatment or services.
- **Other uses:** As required by law, we may use or disclose your protected health information in certain situations without your authorization. These situations include cases of legal proceedings, suspected abuse or neglect, criminal activity, serious and imminent threat or harm, and national security. We also may create and distribute de-identified health information by removing all references to individually identifiable information.



Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

**Your Rights Regarding Your Health Information:** You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our practice:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relative, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction, except in the case of a disclosure to a health insurer if you have paid for your services as required. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

**Our Responsibilities:** This notice is effective as of January 1, 2020, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect to maintain the privacy of your protected health information. We must also notify you following a breach of unsecured protected health information. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

**Complaints:** You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For further information, please contact our office at the phone number provided on this notice.