



NOTICE OF PRIVACY POLICIES

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

Speech and Language Connections, LLC has developed this Notice of Privacy Practices to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information. Protected health information means your personal health information which is found in your medical and billing records and which relates to your past, present or future physical or mental health conditions or the provision of payment for services related to those health conditions. This office holds your personal health information confidential but will use it for treatment, payment, and health care operations.

Your Health Information Rights

As a patient receiving health care at Speech and Language Connections, LLC, you have the following rights regarding your health information. To exercise any of the following rights, you must submit a written request on a form provided by this office.

- **Right to a copy of this Notice.** You may obtain a paper copy of this Notice at any time. You do not have to submit a written request to obtain the Notice.
- **Right to inspect and copy.** You have the right to inspect and/or receive a copy of your protected health information maintained by Speech and Language Connections, LLC. We may charge you a reasonable fee for copying your information.
- **Right to request amendment.** If you believe that your protected health information is incorrect or incomplete you may request an amendment to your child's information. Speech and Language Connections, LLC is not required to accept the amendment. Be aware that once written, a record can be amended but not changed.
- **Right to receive confidential communications.** You may request that communications from Speech and Language Connections, LLC regarding your protected health information be provided to you in a certain way. For example, a patient/parent may be asked to be called at work instead of at home.
- **Right to accounting disclosures.** Patients/Parents have the right to know everyone to whom the office discloses protected health information for purposes other than treatment, payment, and health care operations. A list of each disclosure that Speech and Language Connections, LLC has made will be provided on request. If you make more than one request in a 12 month period, we may charge you a reasonable fee to cover costs.

Use and Disclosure of Your Protected Health Information

The following is a list of ways that Speech and Language Connections LLC may use and disclose your protected health information.

Evaluation and Diagnosis of Disorder - The speech language pathologists of Speech and Language Connections, LLC may use your protected health information in the evaluation process and to assist in accurately diagnosing your speech and language disorder.

Treatment - The speech language pathologists may use your protected health information to provide you with therapeutic treatment and/or services. This includes sharing your protected health information with other professionals also working with you or you. Disclosure of your protected health information with other professionals will be at your discretion and the professionals must be listed on the Speech and Language Connections, LLC Release of Information form.

Payment - We may use and disclose your health information in order for you to obtain payment from your insurance company or third party. For example, Speech and Language Connections, LLC may need to provide your health plan with information about treatment you received so that your health plan will reimburse you for the treatment. Disclosure of your protected health information with other professionals



will be at your discretion and the professionals must be listed on the Speech and Language Connections, LLC Release of Information form.

Individuals Involved in Your Care or Payment for Your Care - We may disclose your protected health information to a family member who is involved in your care or to someone who helps pay for your care. Disclosure of your child's protected health information with other professionals will be at your discretion and the professionals must be listed on Speech and Language Connections, LLC's Release of Information form.

Legal Proceedings - We may disclose your protected health information for law enforcement purposes, as required by law or in response to a valid subpoena. Concerning lawsuits and disputes, we may disclose your child's information in response to a valid subpoena, discovery request, or other lawful process provided that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.

Written Authorization - Except as described above, Speech and Language Connections, LLC will not use or disclose your protected health information unless you authorize the disclosure in writing on the form that we provide. You may revoke such authorization by providing a revocation of authorization form that we also provide. We reserve the right to change this Notice from time to time to comply with HIPPA regulations.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the privacy officer at our office (763) 315-6616, or with the Secretary of the US Department of Health and Human Services.

You may write to:

US Department of Health and Human Services
200 Independence Ave. S.W.
Washington, D. C. 20201

WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF THE SPEECH AND LANGUAGE CONNECTION'S NOTICE OF PRIVACY PRACTICES

By signing below, you acknowledge receiving Speech and Language Connections, LLC's Notice of Privacy Practices ("Notice"). The Notice explains how Speech and Language Connections, LLC may use and disclose your/your protected health information for treatment, payment, and health care operations purposes. "Protected health information" means your/your child's personal health information found in your/your medical and billing records.

Speech and Language Connections, LLC reserves the right to change the Notice from time to time. A copy of the current Notice may be requested at any time.

Your signature below only acknowledges that you have RECEIVED the Notice.

If you have any questions about the Notice, please contact the Director of Speech and Language Connections, LLC. Contact information is located in the Notice.

Name of Patient (Printed): _____

Name of Patient's Representative (Printed) if minor: _____

Relationship of Patient's Representative to Patient: _____

Signature of Patient or Patient's Representative: _____

Date: _____