

Full Scope Speech-Language Pathology

Notice of Privacy Practices

Effective Date: _____

Your Privacy Rights

- See and get a copy of your records – You may ask to see or get a copy of your evaluation reports, treatment notes, and billing records.
- Request corrections – If you think something is wrong or missing, you may request a correction.
- Request confidential communication – You may ask that we contact you in a specific way (for example, only by phone).
- Request restrictions – You may ask us not to share certain information, though we are not required to agree.
- Get a list of disclosures – You may request a list of times we shared your information (other than for treatment, payment, or operations).
- Receive a paper copy of this notice – You may request another copy at any time.
- File a complaint – If you believe your rights are violated, you can file a complaint with us or with the U.S. Department of Health and Human Services (HHS). You will not be retaliated against for filing a complaint.

How We May Use and Share Health Information

- Treatment – To plan, provide, and coordinate therapy services.
- Payment – To bill insurance, Medicaid, or private payers.
- Healthcare Operations – To run our practice, improve quality, and manage services.
- Other permitted uses/disclosures may include: If required by law; To prevent serious threat to health or safety; To comply with public health reporting (e.g., child abuse/neglect); To respond to court orders or legal proceedings.
- We will not use or disclose your health information for marketing, fundraising, or the sale of information without your written authorization.

Our Responsibilities

- We are required by law to keep your health information safe.
- We will notify you promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this notice.

- We will not share your information without your written permission, except as described here.

Contact Information

- Privacy Officer: _____
- Full Scope Speech-Language Pathology
- Phone: _____
- Email: _____
- Address: _____
- You may also file a complaint with:
- Office for Civil Rights, U.S. Department of Health and Human Services
- 200 Independence Avenue, S.W.
- Washington, D.C. 20201
- Website: www.hhs.gov/ocr/privacy/hipaa/complaints

Changes to This Notice

- We may change the terms of this notice at any time. Changes will apply to all information we have about you. A copy of the new notice will be available in our office and on our website.