



Notice of Privacy Practices

This notice describes how health information about you and/or your child may be used and disclosed and how you can get access to this information. We have the following duties regarding the maintenance, use and disclosure of you and/or your child's health records to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

- We are required by law to maintain the privacy of the protected health information in your records and to provide you with his Notice of our legal duties and privacy practices with respect to that information.
- We are required to abide by the terms of this Notice currently in effect.

Uses and Disclosure:

The following categories describe examples of the way we use and disclose health information.

Treatment: We may use health information about you and/or your child to provide treatment or services. It may also be necessary to share your health information with another health care provider whom we need to consult with respect to your care. For example, your protected health information may be disclosed to a physician that provides care for you and/or your child.

Payment: We may use and disclose health information about the treatment and services to bill and collect payment from your insurance company or a third party payer. This may include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement.

As required by law: We may use or disclose your health information including but not limited to the following types of entities without first obtaining your authorization.

- Public health and oversight activities
- Law-enforcement
- Legal Proceedings
- Abuse or neglect
- Workers' Compensation

Under law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your Consent and/or Authorization to object unless required by law. You may revoke this authorization, at any time, in writing, except to the extent that your provider, or the provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Health Information Rights

Following is a statement of your rights with respect to your protected health information.

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend:** If you feel that health information we have about you and/or your child is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- **Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosure we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required.
- **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you and/or your child to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Lowry Speech Therapy or Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You and/or your child will not be penalized for filing a complaint.** For more information on filing a complaint with the Government call 1-866-627-7748 or visit the website at www.hhs.gov/ocr/hipaa/.

Notice of Privacy Practice Acknowledgement Form

By signing this form, I acknowledge that I have read and understand the Notice of Privacy Practices and Health Information Rights.

Child's Name

Parent/Guardian Name (Print)

Relationship to Child

Parent/Guardian Signature

Date