



NOTICE OF PRIVACY POLICIES

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

Our Legal Duties

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. Therapy and Learning Center of GA is required to abide these policies until replaced or revised. Therapy and Learning Center of GA have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place. The contents of material disclosed to us in an evaluation, intake form, or counseling sessions are considered private information by law. Therapy and Learning Center of GA respects the privacy of the information that you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information about you may be used by the personnel associated with Therapy and Learning Center of GA for diagnosis, treatment planning, treatment, and continuity of care. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is the policy of Therapy and Learning Center of GA not to release any information about a client without a signed release of information except in certain emergencies or exceptions in which client information can be disclosed to others without written consent.

Some of these situations are noted below, and there may be other provisions provided by legal requirements.

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.



Public Safety

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

Abuse

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child or spouse's records.

Other healthcare professionals must report Professional Misconduct Professional misconduct by a health care professional. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Judicial or Administrative Proceedings

Health care professionals are required to release records of clients when a court order has been placed. In the event of a court order, only the minimally acceptable amount of information will be revealed. Additionally, if a client files a complaint or lawsuit against anyone affiliated with Therapy and Learning Center of GA;



relevant information regarding the client may be disclosed for the purpose of formulating an appropriate defense.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records unless it is determined that access would have a detrimental effect on the therapeutic relationship or on the client's physical safety or psychological well-being.

Other Provisions

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports are dictated/typed within the practice or by outside sources specializing in (and held accountable for) such procedures.

Communications with the client outside the clinic setting will only occur as authorized by the client. When it is necessary to contact the client via telephone, messages will not be left on voicemails (or with persons other than the client or client's legal guardian) unless Milton Speech Pathology, LLC has received written authorization to do so.

Your Rights

- You have the right to request to review or receive your medical files. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is \$.25 per page, plus postage.
- You have the right to cancel a release of information by providing Therapy and Learning Center of GA a written notice.
- You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.



- You have the right to request that information about you be communicated by other means or to another location.
- You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.
- You have the right to know what information in your record has been provided to whom.
- You have the right to request a copy of this notice.

Complaints

If you have any complaints or questions regarding these procedures, please contact Amy Squires. I will get back to you in a timely manner. If you believe your privacy rights have been violated, complaints should also be directed to Therapy and Learning Center of GA. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint with Therapy and Learning Center of GA or the Office of Civil Rights.

Patient's Rights

As a recipient of services at Therapy and Learning Center of GA, we would like to inform you of your rights. Below is a description of each of your rights. If at any time you feel your rights have been violated, please contact Therapy and Learning Center of GA and ask to speak with me.

- You have the right to refuse or terminate services at any time for any reason. Your participation in services is voluntary.
- You have the right to submit complaints or suggestions at any time. Therapy and Learning Center of GA will fully investigate any complaints and seriously consider any suggestions you have for improving the services we provide.



- You have the right to information regarding the cost of services. Therapy and Learning Center of GA will always inform you of charges before we provide a service. A schedule of fees can also be obtained from our office at any time.
- You have the right to privacy. Please see our Notice of Privacy Policy for information regarding certain limits to confidentiality and how your protected health information will be used.
- You have the right to know under what conditions we will terminate our services. Please refer to Therapy and Learning Center of GA Policies and Procedures document for this information.
- You have the right to be informed of any changes in our policies. You will always be notified in the event that we change a policy that is relevant to the services we provide you.

CONSENT FORM

This form must be completed before services can be initiated. If the client is under the age of 18 years, the form must be signed by all legal guardians.

Consent for Treatment I hereby attest that I have voluntarily applied for and entered into treatment, or give my consent for the minor or person under my legal guardianship, at Therapy and Learning Center of GA. I understand that I may terminate these services at any time.

Receipt of Policies and Procedures

I hereby attest that I have received a copy of Therapy and Learning Center of GA's Policies and Procedures, including payment policies, and have read, understand and consent to be bound by its content.

Receipt of Patient's Rights

I hereby attest that I have received a copy of the Patient Rights notice, have read, and understand its content.

Receipt of Privacy Policy and Consent for Disclosure of Health Information



I have been provided a copy of Therapy and Learning Center of GA's Notice of Privacy Policies detailing how my medical record may be used and disclosed under Federal and State law. I understand that as a part of Therapy and Learning Center of GA's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity (i.e., insurance, emergency, etc.), and I consent to such disclosure for these permitted uses, including disclosures via fax and e-mail only to appropriate parties. I fully understand and accept the terms of this Consent and acknowledge the receipt of the Privacy Notice. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I understand that by refusing to sign this consent or revoking this consent, Therapy and Learning Center of GA may refuse to treat me. I further understand that Therapy and Learning Center of GA reserves the right to change its privacy policies and will provide me with a copy of any revised notice.

Photocopy Authorization

I permit a photocopy of this consent form as if it were an original executed consent.

Name of Patient (Printed):

By signing below, you are attesting to the accuracy of the above statements including all consents and authorizations implied therein. A copy of this agreement is available upon request.

Legal Guardian Signature: _____ Date: _____

*Signatures in writing must be obtained on or before day of evaluation appointment.