



# The LANGUAGE Loft

Speech and Language Therapy

## HIPPA Notice of Privacy Practices The Language Loft, Inc.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or other purposes that are permitted or required by law. "Protected Health Information" is information about you or your child, including demographic information that relates to your past, present, or future condition and related health care services.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

You or your child's protected health information may be used and disclosed by The Language Loft, Inc and others outside of our office that are involved in your child's care and treatment for the purpose of paying your therapy bills, supporting the operation of The Language Loft, and any use required by law.

**Treatment:** We may use or disclose medical information about you or your child to provide you with speech-language treatment or services. We may disclose healthcare information about you or your child to a physician or other healthcare provider who is providing treatment to you. For example, your PHI may be provided to your referring physician.

**Payment:** We may use and disclose medical information about you or your child so that services provided to you may be billed, reimbursed, or paid. For example, we may need to share information about procedures or charges with an insurance company so that eligibility for payment may be determined.

**Appointment Reminders:** We may use and disclose medical information to contact you with a reminder that you have an appointment for treatment or evaluation, or to set up appointments.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

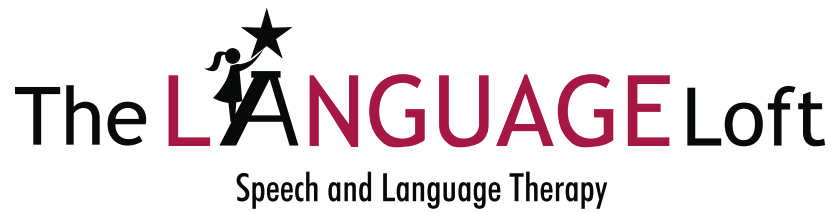
**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you or your child to a friend or relative who is involved in your child's medical care. We may also give your information to someone who helps pay for your care. We may also disclose your or your child's condition to family members if needed.

**Research:** From time to time, we may disclose information about you or your child for research purposes. For example, we may conduct or participate in a research project that examines length of stay, or the effectiveness of a particular program or technique. Any project requiring disclosure of information will have already passed through an approval process.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose information about you or your child to prevent a serious threat to the health and safety of you, your child, or any other person. Such disclosure would only be made to a person or agency in a position to help prevent the threat.

**For HealthCare Operations and Special Purposes:** We may disclose your information in order to manage our practice. For example, we may need to disclose your information in order to conduct quality improvement or to ensure that you are receiving quality care. In addition, we may need to disclose some information to accountants, attorneys or other agencies to ensure that we are complying with laws that affect our professional practice. We may use or disclose your PHI in the following situations without your authorization, as required by law: Public Health Issues, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Military Activity and National Security, and Workers Compensation.

**Other Uses of Health Information:** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to our practice will be made only with your written authorization. If you provide us with an authorization to use or disclose medical information about you or your child, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical



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information about you or your child for the reasons covered by the written authorization. You understand that we are unable to take back any disclosure that were already made prior to the revocation of authorization, and that we are required to retain our records of the care we provide to you.

## YOUR RIGHTS

You have the following rights regarding medical information we maintain about you:

**Right to inspect and copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you or your child, you must submit your request in writing.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may request that the record be amended. You have the right to add a statement. To request an amendment, you must submit your request in writing.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we have made about the medical information concerning you or your child. To request this list, you must submit your request in writing to us and your request must state a specific time period for the list.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you or your child for the purposes of treatment, payment, or healthcare operations. We are not required by federal regulation to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you or your child with emergency treatment.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request to be contacted only by US mail or at work.

**Changes to this Notice:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we may receive about you or your child in the future. We will post a copy of the current Notice in our office. In addition, the next time you register for treatment, you will be provided with a copy of the current Notice.

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with The Language Loft, Inc you must submit your complaint in writing. If you wish to discuss your complaint please call the office at 239-400-4221. You will not be penalized in any way for filing a complaint.

The Language Loft, Inc Contact: Lindsay S Brown, M.S./CCC-SLP  
9470 Corkscrew Palms Circle, Suite 102  
Estero, FL 33928  
Phone: 239-400-4221  
Fax: 239-567-5780

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Signature of Parent/Legal Guardian/Client

Date

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Child's/Client's name (please print)

Date