

## BEYOND SPEECH THERAPY, PLLC

### Patient Rights & HIPAA Notice of Privacy Practices

Last Updated: March 28, 2026

**PATIENT RIGHTS:** At Beyond Speech Therapy, PLLC, our goal is to ensure that patients and families feel respected, safe, informed, and supported while receiving care. The following rights apply within the limits of the law.

**Respect, Safety, and Dignity:** - Receive considerate, respectful, and professional care without discrimination.

- Expect a safe environment free from abuse, neglect, exploitation, or harassment.
- Have your personal property and privacy treated with respect.

#### Information and Participation in Your Care

- Receive clear explanations of evaluations, treatment plans, goals, and expected outcomes.
- Participate in developing and reviewing your plan of care.
- Ask questions at any time and receive understandable answers.
- Be informed about service costs and payment procedures.

#### Professional Services

- Receive timely, competent services from licensed or supervised professionals.
- Know the name and credentials of your care providers.
- Be referred to other qualified professionals when needed.

#### Privacy and Confidentiality

- Expect privacy during all evaluations, discussions, and treatments.
- Have your health information protected unless disclosure is required or permitted by law.

#### Access to Records

- Request to review or obtain copies of your records.

- Request explanations of entries.
- Request corrections to inaccurate or incomplete information.

#### Choice and Autonomy

- Participate in discharge planning.
- Request or refuse treatment and understand the possible outcomes.
- Change providers at any time.

NOTICE OF HIPAA PRIVACY PRACTICES: This notice describes how your health information may be used, disclosed, and accessed. A full version is available upon request.

#### YOUR HIPAA RIGHTS

Access to Your Medical Records: You may request electronic or paper copies of your health information. Copies will be provided within 30 days unless legally extended.

Request for Corrections: You may request corrections to your record in writing. If denied, a written explanation will be provided.

Confidential Communications: You may request specific communication methods, which we will honor when reasonable.

Request for Restrictions: You may request limits on how your information is used or shared. We must agree if you pay for a service in full and request that it not be shared with your insurance company.

Accounting of Disclosures: You may request a list of certain disclosures from the past six years. One list per year is free.

Copy of This Notice: You may request a copy of this notice at any time.

Personal Representatives: Authorized legal representatives may exercise your rights.

Questions or Concerns: If you have questions about your privacy or how your information is used, please contact us. We will address concerns respectfully and promptly. You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights, at (877) 696-6775 or [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

## HOW WE USE AND DISCLOSE HEALTH INFORMATION

Treatment: To coordinate services with your care team.

Payment: To obtain authorization or payment from insurance.

Healthcare Operations: For scheduling, supervision, quality improvement, and administrative needs.

Appointment Reminders: We may contact you by phone, voicemail, text, or email unless you request otherwise in writing.

Other Permitted Disclosures: We may disclose information as required by law, including for public health reporting, suspected abuse or neglect, oversight audits, court orders, worker's compensation, law enforcement requests, and approved research.

We do not sell your information or use it for marketing without written authorization.

## OUR RESPONSIBILITIES

We are required to:

- Protect your health information.
- Notify you if a privacy breach occurs.
- Follow the terms of this notice.
- Only use or share information as described or with written authorization.

CHANGES TO THIS NOTICE: We may revise this notice as laws or policies change. Updated versions will be available upon request.

## HIPAA CONTACT INFORMATION

HIPAA Privacy Officer: Brenda Gillar

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Email: [Brenda@beyondspeech.care](mailto:Brenda@beyondspeech.care)