



## The Speech & Language Connection

### Notice of Privacy Practices As Required by HIPAA

This notice describes how health information about you, as a client of this practice may be used and disclosed, as well as how you can get access to your individually identifiable health information. Please review carefully.

Our commitment to your privacy:

This practice is dedicated to maintaining the privacy of your IIHI (Individually Identifiable Health Information). In conducting business, we create records regarding you, your treatment and services provided. We are required by law to maintain the confidentiality of the information that identifies you. We are also required to provide you with the notice of our legal duties, and the privacy practices that we maintain. By law we must follow the terms stated herein. The terms of this notice apply to all records containing your IIHI that are created or retained by this practice.

The following describes how we may use and disclose your IIHI.

1. Treatment - this practice may use your IIHI to treat you. We may disclose your IIHI to treat you or assist others in your treatment. We may disclose your IIHI to others who may assist in your care given your written authorization.
2. Payment - this practice may use your IIHI in order to bill, and collect payment for services provided. This includes use and disclosure to insurance companies and third party payers (if applicable).
3. Health Care Operations - this practice may use and disclose your IIHI to evaluate the quality of care.
4. Appointment Reminders - this practice may use and disclose your IIHI in order to contact you and remind you of an appointment.
5. By Law - this practice may use and disclose your IIHI when required by federal, state or local law.
6. Health Risk - this practice may use and disclose your IIHI to public health authorities by law to collect information for the purposes of:
  - a. Record maintenance
  - b. Child abuse, neglect reporting
  - c. Prevention of disease, injury
  - d. Notification of exposure to a communicable disease
  - e. Research (IF APPLICABLE)
7. Legal requests - This practice may use and disclose your IIHI in response to a court order/administrative order.

Your rights regarding health information about you are as follows:

1. Right to inspect and copy. You have the right to inspect and obtain a copy of the IIIHI that this practice maintains about you. You must submit a request in writing. If you request copies, we may charge a fee for the cost of mailing, copying, or other related supplies.
2. Right to request confidential communications. You have the right to request that this practice communicate information in a certain way or in a particular location. Requests to be made in writing. All reasonable requests will be honored.
3. Right to amend. You may request an amendment of information if you feel that information is incomplete or inaccurate. Requests should be made in writing. If a request is denied, you may file a written statement of disagreement.
4. Right to request restrictions. You may request a restriction of your IIIHI. You have the right to request a limit on the IIIHI that is disclosed to certain individuals. This practice is not required to agree to the requested restriction. If we do agree with the request submitted in writing, then all subsequent correspondence are bound by the agreement, unless as dictated by the law.
5. Right to an accounting of disclosures. You have the right to request an accounting of disclosures. This is a list of disclosures this practice has made of your IIIHI for reasons other than treatment or payment pursuant to your authorization.
6. Right to a copy of this notice. You may request a copy of this notice at any given time.

The privacy practices described in this notice will be followed as indicated. We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change, we will change our notice and post new notice in the office. You can receive a copy of the current notice at any time.

If you have any questions regarding this notice or your privacy rights please contact Pamela L. Beaumont, M.S., CCC-SLP at *The Speech & Language Connection* located at:

144 NW Doreen Street  
Port St. Lucie, FL 34983  
(561) 329-4661



## The Speech & Language Connection

### NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a summary of *The Speech & Language Connection* Notice of Privacy Practices and consent to use or disclose my/my child's protected health information by *The Speech & Language Connection* for the purposes of diagnosing or providing treatment to me/my child, obtaining payment for my/my child's health care, and as required by law.

I acknowledge that I was offered the entire notice and that I understand I may obtain a full version of this notice at any time. I understand my rights as a patient of this practice concerning my protected health information, as they are outlined in this notice.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date