



Darla Darty, M.S., CCC-SLP
 Speech-Language Pathologist
 Capstone Speech Therapy, LLC
 Phone: 404.909.5574
 Fax: 844.783.6454
 Email: darla@capstonespeechtherapy.com

OFFICE USE ONLY	
ID	
DATE	
OTHER	

NOTICE OF PRIVACY PRACTICES

Your Privacy Rights

Effective date: **March 1, 2016**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. A government rule requires that you receive a copy of this privacy notice. This rule is called the Health Insurance Portability and Accountability Act, or HIPAA for short. We will ask you to sign a paper saying that you have been given this notice. Read this notice at any time to see how your health information can be used and who can see it.

Our clinic is required by law to keep your health information safe. This information may include:

- Notes from your doctor, teacher, or other health care provider
- Your medical history
- Your test results
- Treatment notes
- Insurance information

How Your Health Information May be Used or Shared. We may use or share your health information without your permission for:

- **Treatment.** We may share information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of our treatment with that doctor.
- **Payment.** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share information to:
 - get the insurance company's permission to start treatment
 - get paid for the treatment you receive
 - get permission for more treatment
- **Health Care Operations.** We may use and share your health information to run the clinic and make sure all patients receive good care. For example, we may use your health information to:
 - see how well our services are working
 - see how well our staff is doing
 - see how we compare to other clinics
 - make our services better
 - help others study health care services

Your Health Information May Also Be Used or Shared Without Your Permission for:

- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, by text, by phone call, or voicemail message. If you do not wish to get reminders, please tell your speech-language pathologist.
- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.
- **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Threats to Health and Safety.** Your health information may be shared if it is believed that it will prevent a threat to your health and safety or the health and safety of others.
- **Worker's Compensation.** We will share your information with Worker's Compensation if your case is being considered as a work-related injury or illness.

When Your Permission is needed to Use or Share your Health Information

You must give us permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign a form, called an authorization, to allow us to use or share your information. You are allowed to take back this authorization, called revoking authorization, at any time. We will not be able to get the information back that we shared with your permission.

Your Privacy Rights. You have the right to:

- **Ask us to not share your information.** You can ask us to not use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call but not email. Or you may want us to call at work but not at home. You must ask us in writing. We will do all we can to do as you ask.
- **Look at and copy your health information.** You have the right to see your health information and get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change.

- **Get a report of how and when your information was used or shared.** You can ask us to tell you when and with whom your information was shared. There are some rules about this:
 - You need to ask us in writing.
 - You must tell us the dates you are asking about and if you want a paper or electronic copy.
 - You may get information going back 6 years, but it cannot be for earlier than April 14, 2003. This is the date that the government privacy rules took effect.
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **File complaints.** You can file a complaint with us or with the government if you think that:
 - Your information was used or shared in a way that is not allowed.
 - You were not allowed to look at or copy your information.
 - Any of your rights were denied.

Who is Covered by This Notice

The people that must follow the rules in this notice are:

- All speech-language pathologists, assistants, and audiologists working at this clinic.
- Anyone who is allowed to add health information to your file, including students and other staff.
- Any volunteers who may help you while you are in this clinic.

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information we already have in your file and any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something wrong with your information. You can complain to your regional office of the United States Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing. You will not get in trouble for filing a complaint.

Contacts

If you have any questions about this notice or your privacy rights, please ask your speech-language pathologist.

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**Acknowledgement That You Have Received Our Privacy Notice**

**Our clinic is required by law to keep your health information safe.** This information may include:

- Notes from your doctor, teacher, or other health care provider
- Your medical history
- Your test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared. It also tells you how to access and request changes to your information.

**By signing this page, you agree that you have been given a copy of our privacy notice.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT/CHILD NAME

\_\_\_\_\_  
DATE OF BIRTH