



NOTICE OF PRIVACY PRACTICES

HIPAA Privacy Regulations

Revised July 1, 2020

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

Ashley Johnson, M.S., CCC-SLP, of Speak Up Speech Therapy, LLC, is required by law to maintain the privacy of protected information; give notice of legal duties and the privacy practices relating to health information about your child; and provide to you the privacy policies currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

We understand that your health information is personal and we are committed to protecting this information. Individually identifiable information about you or your child's past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered protected "Health Information." We are required by law to make sure that your Health Information is kept private and to give you this notice about our legal duties and privacy practices to explain how, when and why we might use and disclose your Health Information. Except in specified circumstances, we must use or disclose only the minimum necessary Health Information to accomplish the purpose of this use or disclosure.

We use and disclose Health Information for a variety of reasons, and for certain uses/disclosures, we must get your written authorization. However, the law provides that we may make some uses/disclosures without your authorization.

Uses Related to Treatment, Payment or Health Care Operations:

Generally, we may use/disclose your Health Information for the following:

Treatment. We may disclose Health Information to doctors, nurses, and other health care personnel who are involved in providing treatment-related health care to your child. We may also use and disclose health information for your child's treatment and to provide your child with treatment-related health care services.

Payment. We may use and disclose your health information so that we or others can bill or collect payment from your health care provider. This includes payment from you, an insurance company, or a third party for treatment and services delivered. For example, we may provide your health plan with information including diagnosis, procedures performed, progress, goals, or recommended care in order to receive payment for your child's treatment.

Health Care Operations. We may use your child's health and education information to carry out routine operations, which may include the disclosure of information necessary to make sure that each child receives high quality care and to operate and manage our practice. We may also share information with entities having a relationship with you (such as your health insurer) to ensure quality healthcare operation activities.



Appointment Reminders. Unless you provide us with alternative instructions, we may send appointment reminders and other similar information to your home, email or voicemail.

Treatment Alternatives/Health Related Benefits and Services. We may use and disclose health information to inform you of alternate health-related benefits or treatments that might be applicable.

Individuals Involved in Your Child's Care or Payment For Your Child's Care. We may share health information with any person who is involved in or providing payment for your child's care (this includes family or close friends). We may also notify your family about your location or general condition or provide information to any entity in the event of a disaster.

As Required By Law. We will disclose health information without your prior authorization when required to do so by international, federal, state or local law.

Research. Under certain circumstances, we may provide health information in order to assist with medical research, such as comparing treatment outcomes of children who received one treatment with those who received another treatment for the same condition. We will ask for your specific permission if the researcher will have access to your name, address, and other health information or will be involved in your care.

Public Health Risks. We may disclose Health Information when we are required or authorized by law to provide information about disease, injury or disability; report births and death; report reactions to medications or problems with products; notify people of recalls of products they might be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a child has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law. Such activities may include, for example, investigations, inspections, audits, and licensure.

To Avert a Serious Threat to Health or Safety. In order to avert a serious threat to the health and/or safety of the public or another person, we may disclose Health Information only to someone who may be able to prevent the threat.

Lawsuits and Disputes. We may disclose Health Information in response to a court or administrative order if you are involved in a lawsuit or dispute, or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute only if effort has been made to inform you of the request or obtain an order protecting the information requested.

Law Enforcement. We may disclose Health Information to a law enforcement official in certain circumstances, such as: in response to a court order, warrant, subpoena, summons, or similar process; to identify a suspect, fugitive, material witness or missing person; about crime victims; about a death that we may suspect is the result of criminal conduct; about criminal conduct on our premises; or in an emergency to report a crime, location of the crime or victims, or the identity, description, or location of the person who committed the crime.



YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights relating to your Health Information:

Right to Inspect and Copy your Health Information. Unless your access is restricted for clear and documented treatment reasons, you have the right to inspect and copy Health Information that may be used to make decisions about your child's treatment or payment for your child's care. To inspect a copy of this Health Information, you must submit a request in writing.

Right to Amend your Health Information. If you believe there is a mistake or missing information in our record of Health Information, you may request, in writing, that we correct or add to the record as long as the information is kept by or for the practice. Written requests must include a reason supporting your request.

Right to Request Confidential Communication. You have the right to ask that we send you information to an alternative address or by an alternative means, such as contacting you only at work. We must agree to your request as long as it is reasonably easy for us to do so. You must make your request in writing.

Right to Request Restrictions. You have the right to request that we limit how we disclose or use your Health Information for treatment, payment or health care operations. You also have the right to request a limit on Health Information we disclose to someone involved in your child's care or the payment of your child's care (family member or friend). For example, you may ask that we restrict particular information about your child's care, (i.e., diagnosis or treatment) with others involved with your child's care. Restrictions must be requested in writing.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures and a record of access regarding your child's Health Information for purposes outside of treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must submit your request in writing.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request. To obtain a copy of this Notice, contact Ashley Johnson at (503) 406-8316 or by email at Ashley@campbellspeechtherapy.com.

Changes to this notice. We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may request the most recent copy of this Notice by telephone, mail, or during a visit.

Complaints. If you believe your rights have been violated, you may file a complaint with Ashley Johnson, M.S., CCC-SLP, of Speak Up Speech Therapy, LLC, or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.