

HIPAA POLICY NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you/your child may be used and/or disclosed and how you can get access to this information.
Please review it carefully.

Introduction to HIPAA and Your Protected Health Information

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us (Lifeline Speech Therapy LLC) in any form, whether electronically, on paper, or orally, to be kept properly confidential. This act gives you, the patient, significant rights to understand and control how your health information is used.

“Protected Health Information” (PHI) includes any information about you that may identify you and reveal information about your past, current, or future health. This PHI may include your demographic information (name, address, contact information), your medical history and diagnoses, your test results and treatment information, your therapy progress, and any communications (notes or conversations) between health-care professionals.

We are required by law to provide individuals with this notice of our legal responsibilities and privacy practices with respect to PHI. We are also required to maintain the privacy of and abide by the terms of the notice currently in effect.

Uses and Disclosures: How we may use your health information

Treatment: We can use your health information to provide you with evaluation and treatment services. We can share your health information with other professionals who are treating you, within Lifeline Speech Therapy LLC. We may only share your personal health information with professionals outside of our business with your consent.

Health Care Operations: We can use your health information for health care operations, such as running our practice, improving your care, and contacting you when necessary. We may use and disclose PHI to contact you to remind you that you have an appointment for evaluation or treatment. We may also contact you to tell you about possible treatment alternatives or health related benefits and services that may be of interest to you.

Lifeline Speech Therapy LLC
Jaelyn Thompson, M.A., CCC-SLP
jaelynthompson@lifelinespeechtherapy.com
260.267.0259

Payment: We can use your health information to seek payment for our services. We may disclose health information to family members or others identified by you who are involved in payment for your services.

Legally Required Disclosures: 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, so long as applicable legal requirements are met.

Abuse and Neglect: We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.

Public Health: We may disclose your PHI for public health purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Minors: PHI of minors will be disclosed to their parents or legal guardians, unless prohibited by law.

Information about a Person Who Has Died: We may share information with the coroner, medical examiner, or a funeral director, as needed.

Breach Notification: If for any reason there is an unsecured breach of your PHI, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your PHI may be disclosed as a part of the breach notification and reporting process.

Your Rights:

The following are statements of your rights, subject to certain limitations, with respect to your PHI:

You have the right to inspect and copy your Protected Health Information:

Following a written request, you have the right to inspect and copy your PHI in paper or electronic format. Under federal law, you may NOT inspect or copy the following types of records: therapy notes; information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. We have up to 30 days to provide the PHI and may charge a fee for the associated costs. You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when you request your entire record.

You have the right to obtain an electronic copy of medical records: You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee for the work required in transmitting the electronic medical records.

You have the right to receive a notice of breach: In the event of a breach of your unsecured Protected Health Information, you have the right to be notified of such breach.

You have the right to request Amendments: At any time if you believe the PHI we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.

You have a right to receive an accounting of certain disclosures: You have the right to receive an accounting of disclosures of your Protected Health Information. An “accounting” being a list of the disclosures that we have made of your information. The request can be made for paper and/or electronic disclosures and will NOT include disclosures made for the purposes of: treatment; payment; health care operations; notification and communication with family and/or friends; and those required by law.

You have the right to request restrictions of your Protected Health Information: You have a right to restrict and/or limit the information we disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict the information we use or disclose for treatment, payment, and/or health care operations. Your request must be submitted in writing and include the specific restriction requested, whom you want the restriction to apply, and why you would like to impose the restriction. Please note that our practice/your speech-language pathologist is not required to agree to your request for restriction with the exception of a restriction requested to not disclose information to your health plan for care and services in which you have paid in full out-of-pocket.

You have a right to request to receive confidential communications: You have a right to request confidential communications from us by alternative means or at an alternative location. For example, you may designate we send mail only to an address specified by you which may or may not be your home address. You may indicate we should only call you on your work phone or specify which phone numbers we are allowed or not allowed to leave messages on. You do not have to disclose the reason for your request; however, you must submit a request with specific instructions in writing.

You have a right to receive a paper copy of this notice: Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time.

Changes to this Notice:

We reserve the right to change the terms of this notice and will notify you of such changes. We will also make copies available of our new notice if you wish to obtain one.

Complaints:

If at any time you believe your privacy rights have been violated and you would like to register a complaint, you may do so with us or with the Secretary of the United States Department of Health and Human Services. If you wish to file a complaint with us, please submit it in writing to Lifeline Speech Therapy LLC.

Questions:

If you have any questions in reference to this form, please ask to speak with us in person or by phone at the number listed at the bottom of this notice.

Acknowledgement That You Have Received Our HIPAA Privacy Notice

Lifeline Speech Therapy, LLC is required by law to keep your health information and records safe. Your Protected Health information (PHI) may include your demographic information (name, address, contact information), your medical history and diagnoses, your test results and treatment information, your therapy progress, and any communications (notes or conversations) between health-care professionals.

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.

- I acknowledge that I have received a copy of the Lifeline Speech Therapy LLC HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my PHI.
- I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.
- I understand that Lifeline Speech Therapy LLC cannot disclose my health information other than as specified in the notice.
- I understand that Lifeline Speech Therapy LLC reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Print Client Name

Date

Signature of Client or Legal Representative

Relationship to Client

Please Note: It is your right to refuse to sign this Acknowledgement

Lifeline Speech Therapy LLC
Jaelyn Thompson, M.A., CCC-SLP
jaelynthompson@lifelinespeechtherapy.com
260.267.0259