

MY SPEECHEE
NOTICE OF PRIVACY PRACTICES AND
CONSENT TO COMPLY WITH FEDERAL HIPAA ACT

We understand that your health information is personal. My Speechee is committed to protecting this information. This notice will tell you about the ways in which we may use and disclose your health information or that of your child, and how you can get access to this information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. Please review this document carefully.

We are required by law to make sure that your health information, and that of your child is kept private, give you this notice of our legal duties and privacy practices, and follow the terms of the notice that is currently in effect. In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you or your child receive.

The Federal HIPPA (Privacy Act) of 2001 was created to protect your health information and that of your child. Please understand this must be accomplished within the provisions and rules set up by My Speechee to fulfill federal law. My Speechee will comply with this law to preserve privacy. With your consent and signature, My Speechee may use and disclose protected health information about you or your child to:

1. Carry out treatment, payment, and healthcare operations (“Services”).
2. Call your home or other designated locations and leave a message on voicemail in reference to any items (i.e. appointment reminders, insurance items, references to clinical care, etc.) that will assist in the practice of therapeutic care for you or your child.
3. Mail to your home or other designated address any item (i.e. appointment reminder cards, patient financial statements, etc.) that will assist in the practice of therapeutic care for you or your child. Such correspondence is to be marked personal and confidential.
4. Send or transmit email to any location provided by you for all above similar items and purposes.
5. Use and/or disclose protected health information about you or your child to/with third parties involved in your - or your child’s - care.

YOUR RIGHTS

When it comes to your health information or that of your child, you have certain rights. This section explains your rights and some of My Speechee's responsibilities to help you.

Get an electronic or paper copy of your medical records.

You can ask to see or get an electronic or paper copy of your therapy record - or that of your child - and other health information we have about you or your child. Ask us how to do this. We will provide a copy or a summary of you or your child's information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

You can ask us to correct health information about you or your child that you think is incorrect or incomplete. Ask us how to do this.

Request confidential communications.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share.

You can ask us not to use or share certain health information for treatment and/or payment, if it would affect your care or that of your child. We are not required to agree to your request, and we may say "no." If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information

Get a list of those whom we've shared information.

You can ask for a list (accounting) of the times we've shared your health information or that of your child for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year at no cost to you but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated.

You can complain if you feel we have violated your rights by contacting us using the information on the bottom of this form. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell My Speechee your choices about what we share and with whom we share it. If you have a clear preference for how My Speechee shares your health information or that of your child, please talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to share information with any third parties (other parent, family members, close friends, educators, related service providers, doctors, or others involved in your child’s care).

Please list below ALL THIRD PARTIES

Name	Contact Number and/or Email
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You may revoke or restrict this permission at any time by providing a written statement to My Speechee. Please understand that by doing so, My Speechee may decline to provide further treatment to you or your child should your restrictions impede your therapeutic care or that of your child. If My Speechee accepts your restrictions, My Speechee is then bound by the restriction in the agreement, setting forth the restricted information until providing you, in writing, a cessation of such agreement. You may revoke this entire consent, in writing, at any time. If you do not sign this consent, or revoke this consent, My Speechee, in its sole discretion, may decline further treatment for you or your child.

MY SPEECHEE'S USES AND DISCLOSURES

How do we typically use or share your health information or that of your child? We typically use or share health information in the following ways.

To provide treatment.

We can use your - or your child's - health information and share it with other professionals who are treating you or your child.

To run our business.

We can use and share your health information or that of your child to run our practice, improve your or your child's care, and contact you when necessary.

To bill for services.

We can use and share your health information - and that of your child - to assist you in submitting claims for services rendered, or in receiving payment from health plans or other entities.

To comply with Federal law.

We will share information about you or your child if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

MY SPEECHEE'S RESPONSIBILITIES

My Speechee is required by law to maintain the privacy and security of your protected health information and that of your child.

My Speechee will let you know promptly if a breach occurs that may have compromised the privacy or security of your information or that of your child.

My Speechee must follow the duties and privacy practices described in this notice and give you a copy of it.

My Speechee will not use or share your information - or that of your child - other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

My Speechee will strive to provide information so that you may make an informed decision concerning the privacy of your or your child's therapeutic information.

Changes to the Terms of This Notice

My Speechee can change the terms of this notice at any time deemed necessary, and the changes will apply to all information we have about you. The new notice will be available on our website and upon request, a printed copy can be provided.

By signing this document, you have acknowledged that you've read this in its entirety and agree to all policies specified above.

Child/Patient's Name (Please Print)

Child/Patient's DOB

PRINT Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian