

# Speech Enterprises, Inc. Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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.**

### **Know Your Rights.**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request, or in the case of a written request made by you for your electronic health record, usually within 15 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 that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **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, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

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 with whom we’ve shared information**

You can ask for a list (accounting) of the times we’ve shared your health information 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 a year for free 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.

- **Choose someone to act on your behalf**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights have been violated**

If you feel we have violated your rights, you can file a complaint by contacting us using the information on the first page of this Notice of Privacy Practices.

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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will never retaliate against you for filing a complaint.

### **Make Choices.**

For certain health information, you can make choices about what we share.

- **If you have a clear preference for how we share your information in the situations described below, 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 the choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

- **If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest.**

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never share your information for the following purposes unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Please note that although we may contact you for fundraising purposes, you can instruct us to remove you from our fundraising mailing list at any time.

### **Understand How We Use and Share Information About You.**

We typically use or share your health information in the following ways:

- **To treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks us about your overall health condition.*

- **To run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

- **To bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities. *Example:*

*We give information about you to your health insurance plan so it will pay for your services.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. To learn more, visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **To help with public health and safety issues**

We can share health information about you for the following reasons:

- To prevent the spread of disease
- To help with product recalls
- To report adverse reactions to medications
- To report suspected abuse, neglect, or domestic violence
- To prevent or reduce a serious threat to any person's health or safety

- **For research**

We can use or share your information for health research.

- **To comply with the law**

We will share information about you if state or federal laws require it. This may include the Department of Health and Human Services to demonstrate our compliance with federal privacy law.

- **To respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

- **To work with a medical examiner or funeral director**

We can share a deceased individual's health information with a coroner, medical examiner, or funeral director.

- **To address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

- **To respond to lawsuits and legal actions**

We can share your health information in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information 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.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of This Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

**This Notice is current and effective as of 11/10/2014.**

### **Acknowledgment of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, acknowledge that a copy of Speech Enterprises's ("Provider") Notice of Privacy Practices has been provided to me which summarizes the ways my health information may be used and disclosed by Provider and states my rights with respect to my protected health information. I understand that Provider has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Provider changes its Notice of Privacy Practices, a revised Notice will be posted in a convenient location and that I may obtain a current Notice of Privacy Practices at any time from Provider's administrative office. I understand that I do not need to sign this form in order to assure treatment. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Privacy Officer or Privacy Contact, as listed in the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Printed Name of Legal Representative

\_\_\_\_\_  
Relationship to Patient (Parent, Medical Power of Attorney, Guardian, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness