

NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION
Small Talk Speech and Language Services, Inc.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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 in any form, whether electronic mail, fax, on paper, or orally, be kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared an explanation of how we are required to maintain the privacy of your health information and how we may use and disclose this information.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

The "HIPAA" Privacy Rules require that we protect the privacy of health information that identifies a patient or when there is a reasonable basis to believe the information can be used to identify a patient. This information is called *protected health information* or PHI. This notice describes your rights and our obligation regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you, consistent with the requirements of HIPAA and the Florida state law.
- Give you this notice of our privacy practices with respect to our use and disclosure of PHI.
- Comply with the terms of our policies and practices, which are summarized in the Notice and as amended from time to time.

We reserve the right to make changes to our privacy policies and practices at any time, including addressing changes in the law. The terms of this Notice will be revised and made available as required by law.

We may use and disclose medical records only for the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing healthcare and related services by one or more health care providers. An example of this would include evaluations and treatment sessions.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running this practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment plans or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke this authorization in writing. We are required to honor and abide by this written request except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the privacy officer.

- The right to request restrictions on certain uses and disclosures of protected health information including those related to disclosures to family members, other relatives, personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access your personal information. You may inspect and/or obtain a copy of your personal health information. To access this information, written requests must be made. A fee will be charged for copying and postage.
- The right to amend your personal health information. Requests to correct inaccuracies must be made in writing. We are not required to grant the request in certain circumstances.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this Notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information.

This Notice is effective as of **April 14th, 2003**. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. You may request a written copy of this Notice or any revised Notices of our Privacy Practices from this office.

You have the right to recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this Notice or the policies and procedures of this office. No retaliatory actions will be taken against you for filing a complaint.

Please contact us for more information:

Privacy Officer
Small Talk Speech and Language Services, Inc.
2930 Maguire Road Suite 100
Ocoee, FL 34761

WRITTEN ACKNOWLEDGEMENT

I acknowledge that I have read the Notice of Privacy Practices which provides a description of information uses and disclosures.

Patient Name (please print)

Signature of Patient or Legal Representative

Date

Further, I authorize that the results of any assessments or records given to me may be used in completing evaluations, assessments, treatment plans, progress reports, summary reports, discharge summary reports, and medical billing and reimbursement. I understand that such reports will only report aggregated data, and will only be used for health care purposes such as third party payment and physician or other authorized health care provider treatment or progress reports. I understand that I can restrict the uses and disclosures of my medical information.

This release is and shall be binding upon my heirs, assigns, executors, and administrators.

Restrictions requested by patient:

Patient Name (please print)

Signature of Patient or Legal Representative

Date