

HIPAA - Notice of Privacy Practices

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.

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 electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used, as necessary, to support the day-to-day activities and management of Toledo Pediatric Speech Therapy, LLC. For example, information on the services you received that may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates. Your health information may be disclosed to our business associates, such as subcontractors, so they can perform the jobs we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your health information.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Worker's compensation. Your health information may be disclosed to comply with worker's compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Communication via text. The use of texting may be initiated by the provider for scheduling purposes. At the initiation of the parent or caregiver, information regarding treatment plans and/or therapy progress may be communicated via text by the provider.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that request to inspect or copy protected health information by submitted in writing. You may obtain a form to request access to your records by contacting Toledo Pediatric Speech Therapy, LLC. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Records will be kept in a secured, locked environment for 6 years. After 6 years, records will be destroyed by shredder.

Complaints/Contact Person

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer

Toledo Pediatric Speech Therapy, LLC
P.O. Box 8633
Toledo, Ohio 43623

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

You may also use the above name and address to contact us for further information concerning our privacy practices.

Effective Date

This notice is effective on or after June 1, 2019.

Acknowledgement That You Have Received Our HIPAA Privacy Notice

Toledo Pediatric Speech Therapy is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher, or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information

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 Toledo Pediatric Speech Therapy HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information

___ I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

I understand Toledo Pediatric Speech Therapy cannot disclose my health information other than as specified in the notice.

___ I understand that Toledo Pediatric Speech Therapy 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 Name of Client

Date

Signature of Client or Legal Representative

Relationship

Please note: It is your right to refuse to sign this Acknowledgement.

HIPAA Privacy Notice Acknowledgement