



## 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 AND SIGN THIS FORM BELOW AFTER READING IT.

Reach for Speech & Beyond, LLC is required by law to keep your health information safe. This information may include:

- notes from your doctor, teacher, or other health care provider
- your medical history
- your test results
- treatment notes
- insurance information

A government rule requires that you get a copy of this privacy notice. This rule is called the Health Insurance Portability and Accountability Act, or **HIPAA** for short. We will ask you to sign the end of this paper saying that you have been given this notice. Read this notice at any time to see how your health information can be used and who can see it.

Our commitment here at Reach for Speech & Beyond is to serve our patients with professionalism and care, being sure at all times to protect the privacy and security of all protected health information.

### **When Information May Be Shared**

During the course of maximizing your time in therapy, it may be necessary to share information with other health care providers or business associates. The following are instances where information may be shared:

- During treatment from a specialist, they may be requiring medical history.
- During treatment, your primary care physician may require documentation.
- For you to receive out-of-network insurance reimbursement, we may be required to send your insurance carrier records or identifying information.

We here at Reach for Speech & Beyond are committed to obeying all Federal, State and Local Laws and regulations regarding Privacy Practices. If any other uses and discourse other than the ones listed above are needed, information will only be released with a written authorization from the individual in question. Information will only be shared

with those individuals you have given written permission. This written authorization may be revoked at any time when requested and/or required by law.

### **Your Privacy Rights**

You have the right to:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. You must ask us in writing. We will do all we can to do as you ask.
- **Look at and copy your health information.** You have the right to see your health information and get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change.
- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was shared and who we shared it with. There are some rules about this:
  - You need to ask us in writing.
  - You must tell us the dates you are asking about and if you want a paper or electronic copy.
  - You may get information going back 6 years, but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.

### **Who is Covered by this Notice**

The people that must follow the rules in this notice are:

- All speech-language pathologists and audiologists working at Reach for Speech & Beyond, LLC
- Anyone who is allowed to add health information to your file, including students and other staff
- Any volunteers who may help you while you are in this clinic

**Patient Name:**

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**Date of Birth:**

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I have received and understand Reach for Speech & Beyond's Notice of Privacy Practices. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice, Reach for Speech & Beyond, LLC, reserves the right to change the terms of its Notice of Privacy Practices and will provide me a revised Notice of Privacy Practices upon request.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to patient)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Today's Date)