

Speech From The Heart, PLLC

HIPAA POLICY

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and describes your rights to access and control your protected health information. "Protected health information" is information about you (client) that may identify you and that relates to past, present, or future medical care and any related health care services. This notice refers to practices followed by our staff and services provided in patient's home or other locations. 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. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPAA provides penalties for covered entities that misuse personal health information.

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

Treatment means providing, coordinating, or managing health care and related services, by one or more health care providers. An example of this would include providing, coordinating, or managing your health care and any related services. Examples might include providing information to physicians or other case managers/therapists involved in your care to coordinate necessary information to treat you.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment if applicable.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, business activities, and customer service. It may include releasing information to other business associates who need the information to carry out business operations, used for staff review and training, student observers or therapists who participate in health care operations/internships/shadowing and commit to respect the privacy of your health information.

We may contact you by phone or email or through other systems using personal health information to achieve an intended purpose and may share health information with others with your permission to coordinate care and aid in the treatment process.

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

We may disclose your protected health information in the following events without your authorization: as permitted by the HIPAA Privacy Rule, as required by emergencies, auditing purposes, research, criminal activity, law, abuse or neglect, and other required uses and disclosures. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that 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 Tammy Rector, Owner, Speech From The Heart, PLLC.

You have the right to inspect and copy your protected health information and may request a record request to another person/company by completing a written authorization form. (Fees may apply) You have the right to obtain a paper copy of this notice upon request.

You have the right to amend your protected health information (correct inaccurate or incomplete information, etc) and if we deny your request to amend this information, you have the right to file a statement of disagreement. We may prepare a rebuttal to your statement and will provide you with this copy.

You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to the purpose of treatment, payment, and other healthcare operations. You also have the right to restrict any of your protected healthcare information from being disclosed to family members, other relative, close personal friends, or any other person identified by you in written request. 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.

You have the right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control privacy of health information for minors unless otherwise noted by law.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact the following for more information or to file a complaint: Tammy Rector, Owner, Speech From The Heart, PLLC at tammy@speechfromtheheartnc.com 704-218-9711 or:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775