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Acknowledgement That You Received Our Privacy Notice

Huntington Speech & Feeding is required by law to keep your health information safe. This information may include:

- Notes from your child's doctor
- Your child's medical history
- Your child's 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 or shared. It also tells you how you can look at and comment on your information.

By signing this page, you are saying that you have been given a copy of our privacy notice.

Client Name: _____

Client D.O.B.: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Huntington Speech & Feeding

HIPAA PRIVACY RIGHTS

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.

Effective Date: April 1, 2012

Huntington Speech & Feeding is required by law to keep your health information safe. This information may include:

- Notes from your child's doctor, teacher or other healthcare provider
- Your child's medical history
- Your child's 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. We will ask you to sign a paper in receipt of this notice.

Read this notice at any time to see how your health information may be used and who can see it.

How Your Health Information May Be Used or Shared

We may use your health information without your permission for the following reasons:

- 1. Treatment-** We may share your information with doctors and other healthcare providers who care for your child. For example, if your doctor orders speech therapy we will share the results with that doctor.
- 2. Payment-** We may use and share information about the treatment your child receives with your insurance company or other payer to receive payment for the services. This may include sharing important medical information. We may share information to:
 - a.** Get the insurance companies permission to start treatment.
 - b.** Get permission for more treatment.
 - c.** Get paid for the treatment you received.
- 3. Health Care Operations-** We may use and share your child's health information to run the clinic and make sure all patients receive good care. For example we may use health information to:
 - a.** See how well our services are working
 - b.** See how well our staff is doing
 - c.** See how we compare to other clinics/private practices
 - d.** Make our services better
 - e.** Help others study health care services

Your child's health care information may also be used or shared without your permission for:

Abuse and Neglect: We may share your child's health information with government agencies when there is evidence of abuse, neglect, or domestic violence.

Appointment Reminders: We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, or by phone call or voicemail message. If you do not wish to get reminders please contact the office.

As Required by Law: We will share your information when we are told by federal, state or local law. We will also share information if we are asked by the police or courts.

Government Functions: Your child's information may be shared for national security or military purposes.

Information about a person who has died: We may share information with the coroner, medical examiner or a funeral director as needed.

Marketing: We may use your information to let you know of other services that might be of interest to you.

Public Health Risks: We may report information to public health agencies as required by law. This may be done to prevent disease, injury or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.

Regulatory Oversight: We may use or share your child's information to report to agencies overseeing health care. This may include sharing information for audits, licensure and inspections.

Research: We may share your child's insurance with researchers to be included in their research projects. Information will only be shared for projects that have been through a special approval process. These projects have rules to protect your privacy as well.

Threats to Health and Safety: Your child's information may be shared if it is believed that it will prevent a threat to your child's health and safety or the health or safety of others.

When Your Permission is needed to use or share your health information: You must give us your permission to use or share your child's health information for any situation that is not listed on this notice. You will be asked to sign a form, called an authorization to allow us to share your child's information. You are allowed to take back this authorization, called revoking authorization at any time. We will not be able to get the information back that we shared with your permission.

Your Privacy Right: You have the right to:

Ask us not to share your child's information. You can ask us not to use your child's information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your child's care such as family 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 calling vs. email, at work, home or both. You must ask 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 child's 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 child's 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 child's information was used or shared. You can ask us to tell you when your child's information was shared and who it was shared with. There are some rules about this;

- Must ask in writing
- You must tell us the dates you are referring to and if you want a paper or electronic copy
- You may get information going back six (6) years, but it cannot be for earlier than April 14th 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.

File complaints. You can file a complaint with us or the government if you think that

- Your child's information was used or shared in a way that is not allowed
- You are not allowed to look at or copy your child's information
- Any of your rights were denied

Who is covered by this notice? The people that must follow the rules in this notice include;

- All speech-language pathologists at Huntington Speech & Feeding
- Anyone who is allowed to add health information to your child's file, including students and other staff

Changes to the information in this notice We may change this notice at any time. Changes may apply to information we already have in your file and any new information. Copies of the new notice will be available from our staff. The notice will have a date on the first page to tell you when it went into effect.

Complaints You may file a complaint if you think we did something wrong with your child's information. You can complain to your regional office of the United States Office of Civil Rights. All complaints must be in writing. You will not get in trouble for filing a complaint. To find out more about filing complaints go to:

www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Contacts If you have any other questions about this notice or your privacy rights, please ask your speech-language pathologist