



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.

Our Legal Responsibility:

We are required by applicable federal and state law to maintain the privacy of your health information including information that relates to your past, present, or future health care. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information according to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 2024, and will remain in effect until we replace it. We are required to provide you notice in the event of a breach of your unsecured health information. We reserve the right to change our privacy practices and terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact Shine On Speech Therapy LLC, using the information listed at the end of this Notice.

Uses and Disclosures of Your Protected Health Information:

Disclosure of your health information may occur for health care operations including:

- **Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
- **Healthcare Operations:** We may use and disclose your health information as part of our healthcare operations including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. This may include contractors who have signed a written agreement to protect your health information.

- **Protecting Your Security:** We have policies, procedures, and systems in place to keep your electronic, written, and oral health information secure. Medical records and patient information are stored in locked areas with limited access. In addition, medical, claims, and other sensitive information in data systems are protected by network security safeguards such as firewalls, anti-virus software, and passwords. Staff members who have access to such information are trained and monitored for compliance within confidentiality and security guidelines.
- **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose our health information for any reason except those described in this Notice.
- **Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- **Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.
- **Required by Law, Law Enforcement, and Legal Process:** We may use or disclose your health information when we are required to so by law, when requested by law enforcement, or in response to a legal process request, such as a subpoena.
- **Abuse, Neglect, or Serious Threats:** We may disclose your information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **Appointments and Reminders:** We may call your name in the waiting room when it is time for your appointment. We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.).

Your Privacy Rights:

- **Client and Family Rights:** You have the right to receive services in a manner free from abuse, retaliation, humiliation, neglect and financial or other exploitation.
- **Confidential Communication:** You have the right to request that we communicate with you about your health information by alternative mean. 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 make every effort to comply with your request.

- **Sharing Your Information:** You have the right to 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.
- **Review Your Health Information:** You have the right to review your health information which might include intake information, evaluation, session notes, goals, and progress notes. For all other purposes beyond those listed above, your written authorization will be required to use, disclose, or restrict your protected health information.
- **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health
- **Receive a Copy of this Notice:** You have the right to receive 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.

Notice of Privacy Practices: By law, this practice abides by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time. The revised notice will be available on request from our office

Complaints: If you believe that your privacy rights have been violated, you may submit a complaint to Shine On Speech Therapy with the contact information at the bottom of the page, or to the U. S. Department of Health and Human Services. To file a complaint with the practice, submit the complaint in writing. You will not be penalized or retaliated against for filing a complaint and your identity will be kept confidential.