

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on July 14, 2025

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your child's protected health information (hereafter, "PHI"). A parent or legal guardian is typically considered the child's representative and may access their therapy records unless otherwise restricted by law.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about your child's health care is personal. I am committed to protecting health regarding your child. I create a record of the care and services your child receives from me. I need this record to provide your child with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which I may use and disclose health information about your child. I also describe your rights to the health information I keep about your child, and describe certain obligations I have regarding the use and disclosure of your child's health information.

I am required by law to:

- Make sure that PHI that identifies your child is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about your child. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOUR CHILD:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the parents and/or legal guardians written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your child's PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your child's condition, we would be permitted to use and disclose your child's PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your child's health condition. I

may also use your child's PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Speech-Language documentation including - Evaluations, SOAP notes, Progress notes, Discharge, Plan of Care.** I do keep speech-language documentation and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in evaluations and treatment.
 - b. For my use in training or supervising speech and language pathologists to help them improve their skills in individual therapy and family coaching.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by a coroner who is performing duties authorized by law.
 - g. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** I will not use or disclose PHI for marketing purposes without your prior written consent. For example, if I request a review from you and plan to share the review publicly online or elsewhere to advertise my services or my practice, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service your child received, the kind of treatment you are seeking for your child or other personal health details). Because you may not realize which information you provide is considered "PHI," I will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others who may have copied your review from my website or from other locations will also remove the review. This is a risk that I want you to be aware of, should you give me permission to post your review.
3. **Sale of PHI.** I will not sell your child's PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your child's PHI without your Authorization for the following reasons. I have to meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health related benefits or services. I may use and disclose PHI to contact you to remind you that your child has an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.

5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.

V. Payment:

As a private practice at this time, we require payment at time of service. If you request a superbill for potential reimbursement from your insurance, we may use your health information to create that document.

VI. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your child's PHI to a family member, friend, or other person whom you indicate is involved in your child's care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR CHILD'S PHI:

1. The Right to Request Limits on Uses and Disclosures of Your Child's PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your child's health care.
2. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
3. The Right to See and Get Copies of Your Child's PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your child's medical record and other information that I have about your child. Ask us how to do this. I will provide you with a copy of your child's record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost based fee for doing so.
4. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your child's PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time.
5. The Right to Correct or Update Your Child's PHI. If you believe that there is a mistake in your child's PHI, or that a piece of important information is missing from your child's PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it. The Right to Revoke an Authorization.
7. The Right to File a Complaint. You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VIII. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.