



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. It refers to practices followed by our medical and administrative staff. It refers to services provided at our office, the patient's home or other setting. If we have been contracted to provide services on behalf of another entity or in another facility not owned or operated by Speechcenter, other policies may apply. Notice effective date: 10/29/2015

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our Uses and Disclosures

Treat you: We can use your health information and share it with other professionals who are involved in treating or coordinating treatment for you. For the purpose of continuing and coordinating a plan of treatment we may share your health information, or such portions relevant to speech language pathology, with facilities and appropriately-related professionals involved in your care. Example: We may discuss, disclose and/or coordinate provision of health care with a childcare provider, attendant family members, inclusive therapy setting, related school/daycare staff, the school system, a custodial foster family, CDSA case managers/staff, LEA representative and/or student SLP/SLPA, and others involved in your care to ensure we all have the necessary information to diagnose or follow a plan of treatment. We may share your health information with other individuals, which you have told us will be helping you with the therapy program.

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance so it will pay for your services.

Run our organization: We can use and share your health information to run our practice and improve your care. We may contact you as necessary, at any of the phone numbers, addresses or email addresses you have provided or used to contact us. We may contact you via a phone call, voice message, email, text message and/or in writing, unless you request a more confidential communication method. We might also send you informative communications that do not include your health information but contain business updates, industry news or other health-related benefits that Speechcenter feels is necessary to share with its patients, unless you ask us not to.

Help with public health and safety issues: We can share health information about you for certain situations such as: reporting suspected abuse, neglect, or domestic violence, preventing or

reducing a serious threat to anyone's health or safety. We can share health information with a coroner/medical examiner when an individual dies. Comply with the law and responding to legal actions: We will share information about you if state or federal laws require it, including with the Department of HHS if it wants to see that we are complying with federal privacy law. We can share health information about you in response to a court or administrative order, or in response to a subpoena. Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.

Your Rights and Choices

Email or text messages: We may respond to you and/or contact you via email or cell phone text messages, unless you instruct us not to. If you communicate with us using email or text messages, we can assume that these types of electronic communications are acceptable to you and that you understand that electronic communications are not guaranteed as secure. You can ask us to stop emailing or text messaging you, at any time by responding with the Opt-out Message "STOP".

Receipt of Informative Communications: You can opt out of receiving informative business communications, such as business updates or industry news.

Request confidential communications: You can ask us to contact you in a specific way (for example, at your home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Sharing information: You can ask us to share information with your family, close friends, or others involved in your care.

Ask us to limit what we use or share: You can ask us in writing not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take

any action. Parents and guardians will generally have the right to control privacy of health information of minors unless the minors are permitted by law to act on their own behalf.

Get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, costbased fee.

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.

Get a list of those with whom we have shared information: You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Requests: All requests to exercise your rights or choices should be made in writing.

Get a copy of this notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Changes to the terms of this notice: We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

File a complaint: You can complain if you feel we have violated your rights by contacting us the phone number below. You can file a complaint with the U.S. DHHS OCR by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Questions, concerns or complaints? Please contact:

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