



Health Insurance Portability and Accountability Act (HIPPA) Privacy Notice for Patients

Purpose of this Notice:

The purpose of this Notice is to maintain the privacy of your protected health information. This notice applies to all records you will receive at Wonderfully Made Speech and Language, LLC (WMSL). This notice will tell how we will use and disclose your protected health information. This notice all describes how your rights and certain obligations we have regarding the use and disclosure of your protected health information.

Who will Follow this Notice:

This notice describes the privacy practices of any authorized Wonderfully Made Speech and Language, LLC employee to enter information into your WMSL record.

Wonderfully Made Speech and Language is committed to the following:

- Making sure your protected health information is private
- Giving you this notice of our legal duties and privacy practices with respect to your protected health information.
- Following the terms of his notice as long as it is in effect.
- Training our personnel concerning privacy and confidentiality
- Decreasing the harm of any breach in confidentiality

Understanding your Health Record:

Every time you visit Wonderfully Made Speech and Language, a record is made of your visit. Typically this record contains information related to evaluation, treatment or consultation. This information is often referred to as your health record and serves as:

- Basis for planning your assessment and treatment,
- Means of communication among the health professionals who contribute to your care
- Means by which a third party payer can verify that services were actually provided

Understanding your protected health record and how it is used helps to ensure its accuracy, why others may access your information and to make more informed decisions when authorizing disclosure to others.



How we may disclose information about you:

The following categories describe the different ways that we disclose your health record.

Treatment: We are permitted to disclose your protected health record to your doctor(s) or other WMSL personnel who are involved in your treatment. We may also disclose your protected health record to healthcare providers outside of WMSL, who may be involved in your care.

Payment: We are permitted to use and disclose your health record so that the evaluation and treatment services you receive at WMSL may be billed to your insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

To Business Associates for Treatment, Payment and Healthcare Operations: We are permitted to disclose your health record to our business associates in order to carry out treatment, payment or healthcare operations.

Individuals involved in your care or payment for your care: We may release your protected health information to a family member, caregiver, with your consent.

Appointment reminders: We may use and disclose medical information to contact you about future and pending appointments at WMSL.

As required by law: We may disclose your protected health information when required to do so by federal, state or local laws.

Public health activities: We may use and disclose protected health information when reporting child abuse or neglect, notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, notifying the appropriate government authority if we believe that a patient has been the victim of neglect or domestic violence. We only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights law.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request, or obtain an order protecting the information requested.

Law Enforcement: We may release your protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, to identify or locate a suspect, fugitive, material witness or missing person, but only if limited information (name, address, date and place of birth, type of injury, date and time of treatment, if applicable) is disclosed, about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement, about a death we believe may be the result of criminal conduct, about criminal conduct we believe occurred on WMSL's premises and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure; however, would only be to law enforcement in order to help prevent the threat.

Armed Forces and Foreign Military Personnel: If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Research: Under certain circumstances, we may use and disclose your protected health information for research purposes. Most research projects are subject to a special approval process. Before we use or disclose protected health information for research, the project will have been approved through a special approval process; however, this special approval process is not required when we allow researchers who are preparing a research project to look at information about patients with specific needs, so long as the protected health information they review does not leave WMSL.

Special Protections for Alcohol and Drug Abuse Information

Alcohol and drug abuse has special privacy protections. WMSL will not disclose or provide any protected health information relating to the patient's substance abuse treatment unless: there is patient authorization, a court order requires disclosure of information, medical personnel need the information to meet a medical emergency, qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation, or it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Your Rights

You have the following rights regarding the protected health information we maintain about you:

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for you care, such as a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. WMSL will notify you in writing whether we agree or do not agree with your request. In your request, you must tell us what information you want to limit, whether you want to limit WMSL's use and/or disclosure of the information, to whom you want the limits to apply and your contact address.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Request to Inspect and Receive a Copy: You have the right to inspect and receive a copy of protected health information that may be used to make decisions about your care. Usually this includes medical and billing records. If you request a copy of your protected health information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect or receive a copy in very limited circumstances. If you are denied access to your protected health information, we will notify you in writing, and you may request that your denial be reviewed. Another licensed healthcare professional chosen by WMSL will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you believe that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for WMSL. You must include a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the protected health information kept by or for WMSL, is not part of the information that you would be permitted to inspect or copy, or is accurate or complete. WMSL will notify you in writing whether we agree or do not agree with your amendment request. If we grant the request, we will make the correction to those who need it and those you identify that you want to receive the corrected information. If we deny your request for an amendment, we will notify you how you may file a complaint with WMSL or the



Department of Health and Human Services.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” that have been made by WMSL in past six (6) years. The accounting (or list) of disclosures will include: the date of the disclosures, the name of the entity or person who received the protected health information and, if known, the address, a brief description of the protected health information disclosed, and a brief statement of the purpose of the disclosure. The first list you request within a twelve (12) month period will be free of charge. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on WMSL premises and on the WMSL website. The notice will contain on the first page, in the lower left-hand corner, the effective date. In addition, each time you are admitted for treatment as an outpatient, you may request a copy of the current notice in effect.

For More Information, Requests Related to your Rights, or to Report a Problem

If you have questions regarding your rights, would like additional information, would like to report a problem, or believe that your privacy rights have been violated, please contact one of the following: WMSL or The Office for Civil Rights US Department of Health and Human Services 1301 Young Street, Suite 1169 Dallas, TX 75202.

Your signature below only indicates that you have received this Privacy Notice for Patients:

Printed Name

Signature

Date

Date

Effective June 2011