



Communication Matters, LLC

Speech and Language Therapy
Across a Lifespan

Notice of HIPPA Privacy of Information Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

If you have any questions about this notice, please email communication.matters.fl@gmail.com or call 904-342-5984

A. Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are confusing, but we must provide you with following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Email: info@communicationmattersfl.com Phone: 904-342-5984

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS.

The following categories describe the different ways in which we may use and disclose your IIHI.

1. **Treatment.** Our practice may use your IIHI to provide you with medical treatment or services.
2. **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. 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.
3. **For Health Care Operations.** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
4. **Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical care at the office by telephone, mail, or by email. We may, for example, call your home or other designated location and leave a message on your voicemail, or in person to notify you of an upcoming appointment, or in the alternative, we may mail or email an appointment reminder notice.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or additional services we should offer. If you advise us in writing or by email that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

5. **Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **Pictures.** Our practice may use within our office, brochures, or on the Communication Matters website photographs submitted by patients or taken with permission by the practice personnel.
7. **Insurance Verification.** Our practice may utilize your IIHI to confirm insurance eligibility and benefits.
8. **Disclosures Required By Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state, or local law.

For example, we may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

9. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition. Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- Notifying your employer under limited circumstances related primarily to workplace injury. Disclosure for the purpose would be necessary for the institution to provide health care services to you.

10. Law Enforcement. We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

11. Information Not Personally Identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

12. Family and Friends. We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the therapy room during treatment or while treatment is discussed.

13. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

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

1. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records that we use to make decisions about your care. You must submit a written request to Martin Galloway II, Office Manager at 904-342-5984 in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

2. **Right to Amend.** If you believe 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 as long as the information is kept by this office. 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:
 - a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
 - b) Is not part of the health information that we keep.
 - c) You would not be permitted to inspect and copy.
 - d) Is accurate and complete.

3. **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to **Martin Galloway II, Office Manager at 904-342-5984**. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may 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.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask

that we not use or disclose information about a therapy you or child had.

5. **We are Not Required to Agree to Your Request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit a *Request For Restricting Uses and Disclosures and Confidential Communications Form* to **Martin Galloway II, Office Manager at 904-342-5984**.
6. **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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit *the Requests For Restricting Uses and Disclosures and Confidential Communications* to **Martin Galloway II, Office Manager at 904-342-5984**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
7. **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 it electronically, you are still entitled to a paper copy. To obtain such a copy, contact **Martin Galloway II, Office Manager at 904-342-5984**.
8. **CHANGES TO THIS NOTICE.** We reserve the right to change this notice, and 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 summary of the current notice in the office with its effective date in the top right hand corner and on Communication Matters, LLC website. You are entitled to a copy of the notice currently in effect.
9. **COMPLIANTS.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact **Martin Galloway II, Office Manager at 904-342-5984**. You will not be penalized for filing a complaint.

Again, if you have any questions regarding this notice or our health information privacy policies, please email to communication.matters.fl@gmail.com or call 904-342-5984.

Communication Matters, LLC

904-342-5984

Email: communication.matters.fl@gmail.com

www.communicationmattersfl.com

www.facebook.com/CommunicationMattersFL



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Notice of HIPPA Privacy of Information Policy

This portion describes the confidentiality of your medical records, how the information is used, your rights and how you may obtain information. The release authority applies to any information governed by the Health Insurance Portability Act of 1996, 42 USC 1320D, and CFR 160- 164.

Our Legal Duties: State and Federal Law requires that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy information policy, your rights and our duties. The content of information disclosed during an evaluation, intake or treatment sessions are covered by the law as private information. We respect the privacy of your information and we abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information: Information about you may be used by the personnel associated with this practice for diagnosis, treatment, planning and continuity of care only. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses allied health professionals or business associates affiliated with this practice, such as billing etc. Both verbal and written records about a client cannot be shared without the written consent of the client or the client's legal guardian. Parents or legal guardians have the right to access client records. This authorization expires when a patient is discharged by Communication Matters, LLC or receives a written desire to revoke it.

Your Rights: You have a right to review or request your clinic files. Procedures for obtaining a copy are as follows: You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied you will receive written explanation of the denial. The charge for this service is \$. 25 per page, plus postage. You have the right to know what information in your record has been provided to whom. Request this in writing. I understand the limits of confidentiality, privacy policy, my rights, their meanings and ramifications.

HIPAA Authorization Form

Patient's Printed Name _____ Date of Birth _____

Address _____

I hereby authorize use or disclosure of protected health information about me or my child as described in the Notice of HIPPA Privacy of Information Practices.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date