

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR 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 January 1, 2026.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have certain rights regarding the use and disclosure of your protected health information ("PHI").

I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your speech-language services is personal. We are committed to protecting your health information. We create records of the care and services you receive from this speech-language pathology practice. These records are necessary to provide you with quality care and to comply with legal requirements.

This Notice applies to all records of your care generated by this speech therapy practice. This Notice explains how we may use and disclose your health information, describes your rights regarding the information we maintain about you, and outlines our legal obligations regarding your health information.

We are required by law to:

- Maintain the privacy of PHI that identifies you;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information; and
- Follow the terms of this Notice that is currently in effect.

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain. An updated Notice will be available upon request, in our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose your PHI. Not every use or disclosure within each category is listed; however, all permitted uses and disclosures fall within one of these categories.

For Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers with a direct treatment relationship with a patient to use or disclose PHI without written authorization for purposes of treatment, payment, and health care operations.

- **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your speech-language evaluation and therapy services. This may include consultations with other health care providers, referrals, or coordination of care.
- **Payment:** We may use and disclose your PHI to obtain payment for services provided, including billing you directly or submitting claims to insurance plans if applicable.
- **Health Care Operations:** We may use your PHI for practice operations such as quality assurance activities, administrative services, appointment reminders, intake documentation, and billing communications.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as speech-language pathologists and other health care providers may need access to the full record to provide appropriate care.

Lawsuits and Disputes

If you are involved in a lawsuit or legal dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena or other lawful process, provided that appropriate efforts have been made to notify you or to secure a protective order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Speech Therapy Documentation and Clinical Notes

We maintain speech-language pathology documentation as part of your designated record set. This documentation may include, but is not limited to, evaluation reports, progress notes, treatment plans, session summaries, data collection, clinical observations, correspondence, and discharge summaries.

Certain internal notes or working documents created by the speech-language pathologist for clinical training, supervision, or treatment planning purposes (sometimes referred to as "clinical notes" or "professional notes")

are maintained separately from the designated medical record when permitted by law. These notes are used to support clinical judgment, track therapeutic approaches, or assist in supervision and professional development.

Use or disclosure of these internal clinical notes generally requires your written authorization, except when the use or disclosure is:

- For our use in providing speech-language pathology treatment to you;
- For our use in training, supervision, or consultation with other licensed or credentialed professionals involved in your care;
- For our use in defending ourselves in legal proceedings initiated by you;
- Required by the U.S. Department of Health and Human Services (HHS) to investigate compliance with HIPAA;
- Required by law, including health oversight activities;
- Required by a coroner or medical examiner performing duties authorized by law; or
- Necessary to prevent or reduce a serious and imminent threat to the health or safety of you or others.

These internal clinical notes are not routinely released to third parties and are distinct from records typically shared for treatment coordination, payment, or health care operations.

Marketing Purposes

We will not use or disclose your PHI for marketing purposes without your prior written authorization. If we request a testimonial or review and intend to share it publicly (for example, on a website or marketing materials), we will provide you with a HIPAA-compliant authorization. Because reviews may unintentionally include PHI (such as your name, diagnosis, or type of services received), written authorization is required regardless of content.

You may revoke your authorization at any time by submitting a written request. Upon receipt, we will remove the authorized content from platforms under our control. We cannot guarantee removal from third-party sites that may have copied or shared the information.

Sale of PHI

We do not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal requirements, we may use or disclose your PHI without your authorization for the following purposes:

- Appointment reminders and information about speech-language services or treatment alternatives we offer;

- When required by federal, state, or local law;
 - Public health activities, including reporting suspected child abuse, elder abuse, or neglect, or preventing a serious threat to health or safety;
 - Health oversight activities such as audits or investigations;
 - Judicial or administrative proceedings in response to lawful orders or subpoenas;
 - Law enforcement purposes, including reporting crimes occurring on our premises;
 - Coroners or medical examiners performing duties authorized by law;
 - Research activities, when permitted by law and subject to required safeguards;
 - Specialized government functions as required by law;
 - Workers' compensation claims, in compliance with applicable laws;
 - Organ and tissue donation requests, as permitted by law.
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V. USES AND DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

Family, Friends, and Others Involved in Your Care

With your agreement, or when permitted by law, we may share your PHI with a family member, caregiver, or other person involved in your care or payment for your care. In emergency situations, consent may be obtained retroactively when necessary to reduce a serious and immediate threat to health or safety.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- **Right to Request Restrictions:** You may request limits on how we use or disclose your PHI. We are not required to agree to all requests.
- **Right to Restrict Disclosures for Services Paid in Full:** If you pay for a service out-of-pocket in full, you may request that related PHI not be disclosed to a health plan.
- **Right to Request Confidential Communications:** You may request that we contact you in a specific way or at a specific location.
- **Right to Access Your Records:** You may request an electronic or paper copy of your health record. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Right to an Accounting of Disclosures:** You may request a list of disclosures made for purposes other than treatment, payment, or health care operations.
- **Right to Amend Your Records:** You may request corrections to your PHI if you believe information is inaccurate or incomplete.
- **Right to a Copy of This Notice:** You may request a paper or electronic copy of this Notice at any time.
- **Right to Choose a Personal Representative:** If someone has legal authority to act on your behalf, that person may exercise your rights.

- **Right to Revoke an Authorization:** You may revoke a written authorization at any time, except to the extent action has already been taken.
 - **Right to Opt Out of Certain Communications:** You may opt out of non-essential communications.
 - **Right to File a Complaint:** You may file a complaint with us or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.
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VII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain. The updated Notice will be available upon request, in our office, and on our website.