Gwen’s Speech Therapy

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**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.**

Health Insurance Portability and Accountability Act (HIPAA) requires Gwen’s Speech Therapy to provide this notice to you.

**PLEDGE REGARDING YOUR HEALTH INFORMATION**

We understand that information about you and your health is personal and sensitive in nature. We are committed to protecting the privacy of this information. Each time you visit we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

This notice will tell you about the ways in which we may use and share your health information about you. We also describe your rights and certain obligations we have regarding the use and sharing of health information.

**OUR RESPONSIBILITIES**

Our primary responsibility for your personal health information is to keep it safe. We must also give you this notice of privacy practices, and we must follow the terms of the notice.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways in which we use your health information and release your health information. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

**Treatment** - We may use or disclose your health information to provide you with medical treatment and healthcare services. We may share your health information with or request it from doctors, nurses, technicians, medical students, interns, health information exchanges, or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care.

**Payment** - We may use or disclose your health information so the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan.

**Health Care Operations** - These uses or disclosures are necessary to operate our healthcare facility and make sure all of our patients receive quality care. Some of these uses may include quality assurance activities; granting medical staff credentials to physicians; administrative activities, including the hospital financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities.

**Appointment Reminders** - We may use health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility.

**SITUATIONS THAT DO NOT REQUIRE YOUR VERBAL AGREEMENT OR WRITTEN AUTHORIZATION**

The following uses of your health information are permitted by law without any oral or written permission from you:

**Military and Veterans** - If you are a member of the armed forces, we may share your health information as required by military command authorities.

**Worker’s Compensation** - We may share your health information for worker’s compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

**Averting a Serious Threat to Health or Safety** - We may use and share your health information when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. This information would only be shared with someone able to help prevent the threat.

**Public Health Activities** - We may share your health information for public health activities. These generally include the following:

• to prevent or control disease, injury or disability;

• to report births and deaths;

• to report child abuse or neglect;

• to report reactions to medications, problems with products or other adverse events;

• to notify people of recalls of products they may be using;

• to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

• to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.

**Health Oversight Activities** - We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement** - We may share your health information if asked to do so by law enforcement officials in the following circumstances:

• when we receive a court order, subpoena, warrant, summons or similar process;

• to identify or locate a suspect, fugitive, material witness or missing person;

• when the patient is the victim of a crime if we are unable to obtain the person’s agreement;

• when we believe the patient's death may be the result of criminal conduct;

• criminal conduct at our facility;

• 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.

**National Security and Intelligence Activities** - We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Legal Requirements -** We will share your health information without your permission when required to do so by federal, state or local law.

**YOUR HEALTH INFORMATION RIGHTS**

Your information in the health record belongs to you.

**You have the right to:**

**Request a restriction on certain uses of your protected health information**. We are not required by law to agree to your request unless it is a restriction on health information to your health plan for payment or health care operations where you have paid the full cost of the service to which the information relates.

**Obtain a copy of this Notice of Privacy Practices upon request.**

**Inspect and request a copy of your protected health information for a fee**. If you request a copy in electronic format, we must provide the information in an electronic format. We may deny your request under limited circumstances. If we deny you access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review. The hospital can deny access to psychotherapy notes.

**Request an amendment to your health record if you feel the information is incorrect or incomplete.**

We may deny your request for an amendment if:

• it is not in writing,

• does not include a reason to support the request,

• the information was not created by our healthcare team,

• it is not part of the information kept by our facility,

• it is not part of the information which you would be permitted to inspect and copy,

• the information already in the record is accurate and complete.

Please note that even if we accept your request, we are not required to delete any information from your health record. If we disagree with your request you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question.

**Obtain a record of the sharing/disclosures of your health information**. The accounting will only list information shared for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization.

**Request communication of your health information by alternative means or to alternative locations**. We will honor reasonable requests when you provide the alternative address/contact information and information on how payment will be handled.

**Revoke your authorization to use or share health information.** This will not apply to any prior actions taken.

**Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States.** If you believe your privacy rights have been violated, you may file a complaint with the US Secretary of the Department of Health and Human Services.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.