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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 4/1/2026.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this speech therapy practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

1. For Treatment or the coordination of your care. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your

health care treatment and related services. This includes consultation with doctors, nurses, and other staff taking care of you. We may disclose PHI to any other consultant only with your authorization. We may also contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you.

2. For Payment of services provided to you. For example, I may provide your health plan with information about treatment you received so your health plan will pay me or reimburse you for the treatment.
3. For Health Care Operations necessary to operate my facility and make sure that all my clients receive quality care. For example, I may use and disclose your PHI to engage in care coordination or to manage my business.
4. To Individuals Involved in Your Care or those who help pay for your care (such as a family member) when you are incapacitated, in an emergency or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, I will use my best judgment to decide if a disclosure is in your best interest.
5. For Training Purposes of practicum and internship students, as well as provisionary licensed supervisees.
6. For Research Purposes such as research related to the evaluation of certain treatments or to learn new or better ways to diagnose and treat clients. Any research must meet all privacy law requirements applicable to research.
7. To Business Associates that perform functions on my behalf or provide me with services provided PHI is necessary for such functions or services. My business associates are required to enter into contracts with me that require them to protect the privacy of your PHI and prohibit them for using your PHI for any purpose than what is specified in my contract with them.
8. As Required By Law. I will disclose your health information when required to do so by federal, state, or local law.
9. For Public Health Activities such as reporting or preventing disease outbreaks.
10. For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities that are authorized by law to receive such information, include a social service or protective service agency.
11. For Health Oversight Activities to a health oversight agency for activities authorized by law, such as licensure, governmental audits, and fraud and abuse investigations.
12. For Judicial or Administrative Proceedings such as responding to a court order.
13. For Law Enforcement Purposes permitted or required by law such as responding to requests from administrative agencies, responding to requests to locate missing persons, reporting criminal activity or providing information about victims of crime.
14. To Avoid a Serious Threat to Health and Safety to you, another person or the public. For example, I may disclose information to public health agencies or law enforcement authorities in the event of an emergency or natural disaster.
15. For Special Government Functions such as national security and intelligence activities, protective services for the President and others, and military and veteran activities (if you are a member of the Armed Forces). If you are an inmate at a correctional institution, I may use or disclose your PHI to provide health care to you or to protect your health and safety or that of others or the security of the correctional institution.
16. For Workers' Compensation as authorized by, or to the extent necessary to comply with, state workers' compensation laws that govern job-related injuries or illness.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Speech Therapy Notes.** I do keep "speech therapy notes," and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
    1. For my use in treating you.
    2. For my use in training or supervising speech therapy interns to help them improve their skills in therapy.
    3. For my use in defending myself in legal proceedings instituted by you.
    4. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
    5. Required by law and the use or disclosure is limited to the requirements of such law.
    6. Required by law for certain health oversight activities pertaining to the originator of the speech therapy notes.
    7. Required by a coroner who is performing duties authorized by law.
    8. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if I request a review from you and plan to share the review publicly online or elsewhere to advertise my services or my practice, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," I will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file or via certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others who may have copied your review from my website or from other locations will also remove the review. This is a risk that I want you to be aware of, should you give me permission to post your review.
3. **Sale of PHI.** I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I must meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.

5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.
11. For organ and tissue donation requests.

Refer to http://www.health.state.mn.us/divs/hpsc/dap/notice.pdf for more detailed information about other situations.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. To exercise any of your rights described below please submit your request in writing using the information in the Contact Information section of this Notice.
2. You have the right to look at and get a copy of your PHI. If you request a copy, I may charge a fee to cover the costs of copying, mailing and other supplies. If I maintain an electronic record of your PHI, when and if I am required by law, you will have the right to request that I send your PHI in electronic format. I may deny your request to access your PHI in very limited circumstances. If I deny your request, you may be entitled to a review of that denial.
3. You have the right to request that I amend PHI I have on record for you if you believe the information is wrong or incomplete. I may deny your request in certain instances, and if I do so, I will provide you a written explanation. You may respond with a statement of disagreement to be included in your records.
4. You have the right to receive a list of disclosures I have made of your PHI for such time period you request, but not more than six years prior to your request. The list of disclosures will not include disclosures made: (a) for treatment, payment, or health care operations; (b) to you or as authorized by you; (c) to correctional institutions or law enforcement officials; & (d) for certain other purposes which the law does not require me to provide an accounting. If you

request a list of disclosures more than once in a 12-month period, I may charge you a reasonable fee.

5. You have the right to request that I place restrictions on uses or disclosures of your PHI for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your health care or payment of your health care. I am not required to agree to your request, unless the request is to restrict disclosures to your health plan for services which have been paid in full and such a disclosure is not otherwise required by law.
6. You have the right to request that I communicate with you in confidence by communicating with you about your PHI in a certain manner or at a certain location (for example, by sending information to a P.O. box instead of your home address). I will accommodate all reasonable requests.
7. You have the right to a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. To obtain a paper copy of this Notice, you may request a copy from me directly or submit a request to the address included in the Contact Section of this Notice.

VII. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request and on my website.

Contact information

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U.S. Department of Health and Human Services Office of Civil Rights 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 Phone: (800) 368-1019 Fax: (312) 886-1807 Email: OCRComplaint@hhs.gov Website: www.hhs.gov