

HIPAA Privacy Statement

Mighty Oak Speech and Language Therapy Services, LLC

NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact us at 1 Ivy Hill Dr. Middletown, MD
240-578-8103

WHO IS COVERED BY THIS NOTICE: This notice describes Let's Talk Speech and Language Therapy Service's practices and that of: Any healthcare professional authorized to enter information into your medical record maintained by Mighty Oak Speech and Language Therapy Service, LLC. All employees, staff, and students who participate in speech therapy services.

OUR PLEDGE REGARDING MEDICAL INFORMATION: We are committed to protecting medical information about you and your child. This Notice describes the privacy practices for our business. This Notice will tell you about the ways in which we may use and disclose medical information about you or your child. We will also describe your rights and certain obligations that we have regarding the use and disclosure of medical information. We are required by law to: Make sure that information that identifies you or your child is kept private; Give you this Notice of our legal duties and privacy practices with respect to medical information about you or your child, and Follow the terms of the Notice that is in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU OR YOUR CHILD: The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what it means and try to give some examples. Not every use or disclosure will be listed. However, all of the ways that I am permitted to use or disclose information fall into one of the categories.

For Treatment: We may use or disclose medical information about you or your child to provide you with speech-language pathology/feeding treatment or services. We may disclose healthcare information about you or your child to a physician or other healthcare provider, providing treatment to you.

For Payment: We may use and disclose medical information about you or your child so that we also give your information to someone who helps pay for your care. We may also disclose your condition or your child's condition to family members if needed.

For HealthCare Operations: We may disclose your information in order to manage our practice. For example, we may need to disclose your information in order to conduct quality improvement or to ensure that you are receiving quality care. In addition, we may need to disclose some information to accountants, attorneys or other agencies to ensure that we are complying with laws that affect our professional practice.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or evaluation, or to set up appointments.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you or your child to a friend or relative who is involved in your medical care. We may also give your information to someone who helps pay for your care. We may also disclose your condition or your child's condition to family members if needed.

Research: From time to time, we may disclose information about you or your child for research purposes. For example, we may conduct or participate in a research project that examines length of stay, or the effectiveness of a particular program or technique. Any project requiring disclosure of information will have already passed through an approval process.

To Avert a Serious Threat to Health or Safety: We may use or disclose information about you or your child when necessary to prevent a serious threat to the health and safety of you, your child, or any other person. Such disclosure, however, would only be made to a person or agency in a position to help prevent the threat.

For Special Purposes: We may disclose information about you or your child for special purposes as permitted or required by law, including the following:

- Community and public health activities and reports such as disease control and vital statistics. Administrative oversight for such things as audits, investigations, licensure or determining cause of death.
- Court order or legal processes related to law enforcement activities, legal actions, or national security activities.
- Military and veteran reporting on members of the armed forces of US or foreign military as required by military command authorities.
- Organ and tissue donation and transplant reports as required by regulatory organizations as necessary to facilitate organ/tissue donation or transplant.
- Worker's compensation or rehabilitative activities reporting as required by law or insurers in order to provide benefits for work-related or victim injuries or illnesses.
- Law enforcement, if asked to do so by a law enforcement official to 1) Identify or locate a suspect, fugitive, material witness or missing person; 2) Provide information about the victim of a crime, if, under certain circumstance we are unable to obtain the person's agreement; 3) Provide information about a death that may be the result of criminal conduct; 4) Provide information about criminal conduct; 5) In emergency circumstances report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- Coroners, medical examiners, and funeral directors. We may release medical information to a coroner or medical examiner. This may be necessary , for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- National Security and intelligence activities. We may release medical information about you or your child to authorized federal officials for intelligence, counterintelligence or other national security activities required or authorized by law.

- Protective services for the President and others. We may disclose information about you or your child to authorized federal officials so they may provide protection to the president or other heads of state.
- Inmates. If you are an inmate of a correctional facility under the custody of a law enforcement official, we may release information about you to the correctional facility in order to 1) ensure that the institution provide you with the appropriate care; 2) to protect your health and safety of others; 3) for the safety and security of the institution.
- Victims of abuse, neglect, or domestic violence. We may disclose pertinent health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been such a victim.

Other Uses of Health Information: Other uses and disclosures of medical information not covered by this Notice or the laws that apply to our practice will be made only with your written authorization. If you provide us with an authorization to use or disclose medical information about you or your child, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you or your child for the reasons covered by the written authorization. You understand that we are unable to take back any disclosure that were already made prior to the revocation of authorization, and that we are required to retain our records of the care we provide to you.

Your Rights Regarding Health Information About You: You have the following rights regarding medical information we maintain about you:

- **Right to inspect and copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you or your child, you must submit your request in writing to us at 1 Ivy Hill Dr. Middletown MD 21769
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may request that the record be amended. You have the right to add a statement. To request an amendment, you must submit your request in writing to us at 1 Ivy Hill Dr. Middletown MD 21769. You must also state a reason to support your request.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we have made about the medical information concerning you or your child. To request this list, you must submit your request in writing to us at 1 Ivy Hill Dr. Middletown MD 21769. Your request must state a specific time period for the list.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you or your child for the purposes of treatment, payment, or healthcare operations. We are not required by federal regulation to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you or your child with emergency treatment. To request restrictions, you must submit your request in writing to us at 1 Ivy Hill Dr. Middletown MD 21769
- **Right to Request Confidential Communication:** 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 may request to be contacted only by US mail or at work. To request

confidential communications, you must submit your request in writing to us at 1 Ivy Hill Dr. Middletown MD 21769. We will not ask you the reason for your request.

- Right to a paper copy of this Notice: You have the right to a paper copy of this Notice. You may ask to receive a copy of this Notice at any time. Even if you have received this Notice electronically, you are 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 may receive about you or your child in the future. We will post a copy of the current Notice in our office. In addition, the next time you register for treatment, you will be provided with a copy of the current Notice.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Let's Talk Speech and Language Therapy Services, LLC, you must submit your complaint in writing to us at 5 Hampden Drive, South Easton, MA 02375. If you wish to discuss your complaint, please call the office at 508-230-8181. You will not be penalized in any way for filing a complaint.

Parent/Legal Guardian/Client

Date

Clients Name (please print)

Date