

NHIPAA NOTICE OF PRIVACY PRACTICES

**Communication Is The Key
Speech Pathology Services
2109 E 87th Street
Chicago, IL 60617**

Notice of Privacy Practices:

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

The law requires us, to maintain the privacy and confidentiality of your protected health information and practices with respect to your protected health information.

Disclosure of your health care information:

Treatment: Your health information is accessible to other healthcare professionals within our office for purpose of treatment payment or healthcare operations. These health care professional include, but are not limited to; licensed speech language pathologist, speech language pathology assistants and speech language pathology interns.

Payment: We may disclose your health information to your insurance provider for the purpose of payment or health care operations. If payment is not made as arranged, our office may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected health care information.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, reporting child abuse or neglect, reporting domestic violence, and reporting disease or infection exposure.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose your health information for government benefit purposes.

Change of Ownership: In the event that this practice is sold or merged with another organization, your health information record may become the property of the new owner.

Your Health Information Rights:

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that your health provider is not required to agree to the restriction that you requested.

You have the right to have your health information received or communicated through alternative methods or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have the right to receive an accounting of disclosures of your protected health information made by this office.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to This Notice of Privacy Practices:

Our office reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, our office is required by law to comply with this Notice.

Our office is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact our office or you may review HIPPA guidelines at <http://www.hhs.gov/ocr/privacy/>.

Complaints: Any complaints about your privacy rights, or how our office has handled your health information should be directed to LaChone Pitchford, M.A., CCC-SLP by calling (773) 517-7669.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W. Room 509F Building
Washington, D.C. 20201