## AM SPEECH THERAPY = pediatric services Notice of Privacy Practices

AM Speech Therapy, Inc. is committed to protecting medical information about you and your child. 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. By law, AM Speech Therapy, Inc. must abide by the terms of this Notice of Privacy Practices until changes are made. AM Speech Therapy, Inc. reserves the right to change this Notice at any time. The revised Notice will be provided to you promptly including the date on which the revised notice is to become effective. Please read carefully.

**Protection of Health Information:** Your child's health information is kept private according to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1966 (HIPAA), and you are provided with the Notices of legal duties and Privacy Practices within this company, Amber McCrea, SLP Protected Health Information (PHI) is individually identifiable information that relates to you or your child's past, present, or future health care, including medical history, diagnoses, evaluation results, progress, provisions of health care, and payment for the provision of health care.

**Uses and Disclosures of Protected Health Information:** Disclosure of your health information may occur for health care operations. Examples of operations in which protected health information disclosures may occur include billing, management, financial or quality assurance audits, law enforcement purposes, education, referring to other services, and receiving information from other professionals that may have treated your child in the past. Protected health information, or management of services. AM Speech Therapy, Inc. may use and disclose medical information about your child when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone intended to help prevent the threat. Health care information will not be disclosed unless an authorization for release of information has been signed or there is a safety risk for your child or others.

**Your Rights Regarding Protected Health Information:** You have the right to review your health information which may include intake information, evaluations, session notes, goals, and progress reports. For all other purposes beyond those listed above, your written authorization will be required to use and disclose you or your child's protected health information. Your authorization can be revoked at any time except to the extent that AM Speech Therapy, Inc. has relied on the authorization. Revocations must be made in writing and will not be effective prior to delivery to AM Speech Therapy, Inc. You may also initiate the process for your child's information to be released to someone else through the use of an authorization form. To request further restriction or disclosure, you must submit a written request that explains what information you want restricted, how you want the information I have about you or your child is incorrect or incomplete, you may ask me to amend the information. You have the right to request that I communicate with you about healthcare matters in a certain way. For example, you can ask

## (916)741-0132 INFO@AMSPEECH.ORG

that I only contact you on your cell phone and do not leave messages. You have the right to a paper copy of this Notice. You may ask me to give you a copy of this Notice at any time.

**Complaints:** If you believe that your privacy rights have been violated, you may submit a complaint to this company or to the U.S. Department of Health and Human Services. All complaints must be submitted in writing to Amber McCrea, SLP. You will not be penalized or retaliated against for filing a complaint.

Sincerely,

## Amber McCrea, MA, CCC-SLP

Amber McCrea, MA, CCC-SLP Speech Language Pathologist CA License # SP 19772 ASHA # 12154551