

Health Insurance Portability and Accountability Act (HIPAA) / Notice of Privacy Practices

The Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information.

Protection of Health Information: According to the federal privacy regulations of HIPAA, Carolina Premier Speech Therapy is required by law to keep your health information private. Your protected health information includes information that relates to your past, present, or future health care. This includes your medical history, diagnostic evaluations, and therapeutic services.

Uses and Disclosures of Your 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 you in the past. Your protected health information may be used for treatment purposes for management of services. Some other examples of disclosures include Leaving voicemails on your phone regarding your appointment and sending unencrypted emails.

Your Rights Regarding Your Health Information: You have the right to review your health information which might include intake information, evaluation, session notes, goals, and progress notes. For all other purposes beyond those listed above, your written authorization will be required to use, disclose, or restrict your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization. Revocations must be in writing. You may also initiate the process for your information to be sent to someone else through the use of an authorization form or written request. To request further restriction or disclosure, you must submit a written request explaining what information you want restricted, how you want the information restricted, and from whom you want the restriction to apply.

Notice of Privacy Practices: This practice abides by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time. The revised notice will be available on request from our office.

Complaints: If you believe that your privacy rights have been violated, submit a complaint to this practice in writing or to the U. S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint and your identity will be kept confidential.

Acknowledgment that you have received our HIPAA Notice of Privacy Practices - I have reviewed and been offered a copy of Carolina Premier Speech Therapy's privacy notice.

Client's Name (Please Print)

Date

Client's Signature

Date

Spouse / Caregiver Name (Please sign)

Date