

## HIPAA Privacy Policy Packet

Client Name: \_\_\_\_\_

Guardian Name (if not client): \_\_\_\_\_

I, \_\_\_\_\_, received a copy of the HIPAA Privacy Policy and I also understand the rights assured to me according to the HIPAA regulations.

You may communicate with the following individual(s) regarding my child's condition, course of treatment, invoices for services, and other confidential information:

(Please Print the Name of the Individuals and their Personal Relationship to the Client below.)

---

---

---

---

---

Client or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# HIPAA PRIVACY POLICY

---

Effective April 9, 2013

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

## Introduction

Play With Words, LLC is required by law to maintain the privacy of “protected health information.” “Protected health information” includes any identifiable information that Play With Words, LLC obtains from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Privacy Policy. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

## Permitted Uses and Disclosures

We can use or disclose your protected health information for purposes of treatment, payment and health care operations.

- **Treatment** means the provision, coordination or management of your health care, including consultations between health care providers (speech-language professionals) regarding your care and referrals for health care from one health care provider to another. For example, we would

disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

- **Payment** means activities we undertake to obtain reimbursement for the health care (speech services) provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, prior to providing health care services, we may need to provide to your insurance carrier (or other third party payer) information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the carrier or other third party payer for the services rendered to you, we can provide the carrier or other third party payer with information regarding your care if necessary to obtain payment.
- **Health Care Operations** mean the support functions of Play With Words, LLC related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, speech therapist/professional reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what services are not needed, and whether certain new treatments are effective.

### Disclosures Related To Communications with You or Your Family

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you or relate specifically to your medical care through our office. For example, we may leave appointment reminders on your answering machine or with a family member or other person who may answer the telephone at the number that you have given us in order to contact you.

We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care.

## **Other permitted and required uses and disclosures that may be made without your authorization or opportunity to agree or object.**

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report victim of abuse, neglect, or domestic violence
- To report reactions to medications
- To notify people of product, recalls, repairs or replacements
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

**Health Oversight Activities:** We may disclose medical information to federal or state agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose protected health information to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in a response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of a criminal conduct
- About criminal conduct on our premises
- In emergency circumstances to 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.

***Military and Veterans:*** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

***Inmates:*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

***Serious Threats:*** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

***Disaster Relief:*** When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

***Abuse or Neglect:*** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

***Food and Drug Administration:*** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

***Research:*** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

***Workers' Compensation:*** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

## Your (Client) Rights

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request.
2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
3. Subject to payment of a reasonable copying charge as provided by state law, you have the right to inspect or obtain a copy of the protected health information contained in your medical and billing records and in any other practice records used by us to make decisions about you, except for:
  - Psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record
  - Information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
  - Protected health information involving laboratory tests when your access is required by law
  - If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you
  - If we obtained or created protected health information as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research
  - Your protected health information is contained in records kept by a federal agency or contractor when your access is required by law
  - If the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information We may also deny a request for access to protected health information if:
    - A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person
    - The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person

The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request a correction to your protected health information, but we may deny your request for correction, if we determine that the protected health information or record that is the subject of the request:

- Was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
- Is not part of your medical or billing records
- Is not available for inspection as set forth above
- Is not accurate and complete

In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

5. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the period provided by law, except for disclosures:

- To carry out treatment, payment and health care operations as provided above
- To persons involved in your care or for other notification purposes as provided by law
- For national security or intelligence purposes as provided by law
- To correctional institutions or law enforcement officials as provided by law
- That are otherwise not required by law to be included in the accounting

6. You have the right to request and receive a paper copy of this notice from us.

7. The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us.

## Complaints

If you believe that your privacy rights have been violated, you should immediately contact Play With Words LLC in the following manner:

**Play With Words LLC**

**4616 Allamore Dr.**

**Plano TX 75093**

All complaints must be submitted in writing. We will not take action against you or change our treatment of you in any way for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

Please contact Play With Words, LLC with any questions, concerns, or other issues pertaining to this notice. We at Play With Words, LLC want to ensure that your therapy experience is productive and positive. Feel free to contact us on our website.

This notice was published and becomes effective on **May 26 2019**.

## Contact Information – Authorization Form

At times we may need to contact you for appointment reminders or other concerns. Please complete only the items below that you authorize as a method of contact.

**Note: Home address, one phone number and one e-mail address are required.**

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Ok to leave message: Yes  No

Mother's Cell Phone \_\_\_\_\_ Ok to leave message: Yes  No

Mother's Work Phone \_\_\_\_\_ Ok to leave message: Yes  No

Mother's Email \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Ok to leave message: Yes  No

Father's Work Phone \_\_\_\_\_ Ok to leave message: Yes  No

Father's Email \_\_\_\_\_

Fax \_\_\_\_\_

Please select your preferred contact method for each item listed below:

Appointment Reminders:  Mother's Email  Father's Email  Phone

Other Correspondence:  Mother's Email  Father's Email  Phone

Signed by: \_\_\_\_\_

Legal Guardian Name (Signature)

\_\_\_\_\_

Print Patient's Name

Date