



## SpeakAbility, Inc.

510 Carpenter Avenue, Mooresville, NC 28115

704.663.2115 *phone* 704.663.2730 *fax*

[www.speakability.biz](http://www.speakability.biz)

**This Notice of Privacy Practices describes how SpeakAbility, Inc. may use and disclose your protected health information and your rights to access and control your protected health information.**

- **“Protected health information” is information about you, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This notice refers to practices followed by our medical and administrative staff, while you are a client of SpeakAbility, Inc.**
- **This notice refers to services provided at our office, the client’s home or other natural environment.**
- **If we have been contracted to provide services on behalf of another entity or in another facility not owned or operated by SpeakAbility, Inc., other policies may apply.**

### **Uses and Disclosures of Protected Health Information**

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to physicians or case managers involved in your care, etc. to ensure that the healthcare provider has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining payment for therapy may require that your relevant protected health information be disclosed to the health plan. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support business activities. These activities include, but are not limited to, quality assessment, employee review and training. We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. We may use your health information to communicate with you about treatment related benefits that could be of interest to you, to obtain payment for services or to conduct our business operations. However, we do not receive financial remuneration from a third party in exchange for making these communications. We may contact you by phone to schedule appointments or to follow up on our care. It is our policy never to leave vital health care information on voice mail. With your permission, we may share your health information with those you tell us will be helping your child or family member with her/his therapy program.

We may use or disclose your protected health information in the following situations without your authorization: as permitted by the HIPAA Privacy Rule, as required by law, emergencies, abuse or neglect, auditing purposes, research, criminal activity, workers' compensation, and other required uses and disclosures. SpeakAbility, Inc. may use or disclose your health information if we have removed information that might identify you. SpeakAbility, Inc. does NOT sell or disclose your protected health information for external marketing or fundraising.

Any uses and disclosures other than those permitted by the HIPAA Privacy Rule will be made only with your written authorization. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. You may request that we transfer your records to another person or organization by completing a written authorization form.

## **Rights of the Individual**

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice at anytime. When changes are made, a new Notice of Privacy Practices will be posted in the waiting room and website. You may also request a current copy of our notice at any time.

You have the right to inspect and copy your protected health information (fees may apply), whether in paper or electronic format.

You have the right to request a restriction of your protected health information – This means you may ask us not to use or disclose any part of your protected

health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. SpeakAbility, Inc. is not required to agree to your requested restriction except if you request that SpeakAbility, Inc. not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket. You have the right to request an amendment to your protected health information – If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to receive an accounting of certain disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request. You have the right to receive notice of a breach if your unsecured protected health information has been breached.

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control privacy of health information of minors unless the minors are permitted by law to act on their own behalf.

All requests must be made in writing. SpeakAbility, Inc. will consider all written requests on a case by case basis, but the practice is not legally required to accept them.

### **Concerns and Complaints**

If you are concerned that your privacy rights may have been violated, if you disagree with any decisions we have made regarding use or disclosure of your personal health information or to file a complaint, please contact the person listed below. No one will retaliate or take action against you for filing a complaint. You may also send a written complaint to the US Department of Health and Human Services.

Privacy Officer for SpeakAbility, Inc: Frances Gregory Robbins, VP  
Address: 510 Carpenter Ave., Mooresville, NC 28115  
Phone: (704) 663-2115  
Fax: (704) 663-2730  
Website: [www.speakability.biz](http://www.speakability.biz)