



Clear Speech & Language

www.ClearSpeech.org | Direct: (949) 233-2181 / (909) 367-6747 ¡Se Habla Español!

Clear Speech and Language Notice of Privacy Practices Effective June 1, 2016

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your medical records contains personal information about you and your health. This information may identify you as related to your past, present, or future physical or mental health condition(s), as well as related health care services; this is referred to as Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This Notice of Privacy Practices describes how Clear Speech and Language may use and disclose PHI in accordance with applicable law. It also describes your rights regarding access to and control of PHI.

Clear Speech and Language is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. Clear Speech and Language reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI maintained at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting an updated version on the company website, sending an updated version to your address on file, or providing an updated version at your next appointment.

Upon entering our office, you will identify yourself and your child to our receptionist or therapist, at which time s/he will log in your names on a daily appointment sheet that will be kept out of view. Your child's chart will be collected for the day and kept out of view. First and/or last name will be used only when calling your child and/or you into treatment rooms, at which time the your child's chart will be given to therapist. After each office visit with the therapist, your child's chart will be given to appropriate staff and returned to the proper place in the office. Any communications with you regarding PHI will take place in the privacy of a treatment room. No discussion of PHI will take place in front of other clients. You will be given an Information Release form to sign, which gives consent for communication to occur outside of the office. These forms will be kept in your child's chart.

All medical records are maintained on a secure server and/or individual portfolios stored in a secure cabinet, accessible only to authorized personnel. (No medical records will be taken out of the office at any time by any employee of Clear Speech and Language.) Records are maintained for a minimum of seven (7) years following discharge of services, after which records will be destroyed and/or shredded. Any client information to be disposed or will be shredded in the office shredding machine; no documents containing client information will be disposed of via an open receptacle. Incoming and outgoing faxes will be retrieved by a receptionist or therapist; transfer of records via fax or electronic mail will be conducted via secure lines. All office computers are removed from sight of incoming clients and visitors. Only employees of Clear Speech and Language are allowed to view and/or use computers in the working area of the office.

If you are applying for new insurance, you must first sign an Information Release form with the insurance company, after which we will copy the medical record and confidentially send to the proper source. All outgoing correspondence will be stamped and labeled "Personal and Confidential."

We may use and disclose your and/or your child's medical information for any and all purposes listed below; for additional purposes not listed below, your specific written authorization will be obtained prior to use and/or disclosure. You have the right to revoke any specific written authorization at any time by submitting a request in writing to Clear Speech and Language, Attention: Vanessa Cisneros.

For Treatment: We may use and disclose your and/or your child's medical information to provide you child with medical treatment and/or services. This includes consultation with other clinical supervisors, therapists or medical treatment team members to assist them in the your child's treatment.

For Payment: We may use and disclose your and/or your child's medical information in order to receive payment for rendered treatment services. If it becomes necessary to use collection processes due to lack of payment for services, we will disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: We may use and disclose your and/or your child's PHI in order to support business activities, including but not limited to, quality assessment activities; employee review activities; licensing; and/or conducting other business activities.

Required by Law: Under the law, we must make disclosures of client PHI upon request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with the requirements of the Privacy Rule.

Additional Uses and Disclosures: In addition to using and disclosing client medical information for treatment, payment and health care operations, we may use and disclose medical information without your authorization in accordance with applicable law and ethical standards due to, but not limited to:

- Notification: Medical information to notify or help notify, family member, your personal representative or another person responsible for your child's care. We will share information about your child's general condition. If you are present, we will get your permission, if possible, before we share information or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your child's health care, according to my professional judgment.
- Disaster Relief: Release medical information with a public or private organization or person who can legally assist in disaster relief efforts.
- Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for Department of State, for providing public health.
- Court Orders & Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your child's medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a subject, fugitive, material witness, and crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
- Public Health Activities: As required by law, we may disclose your child's medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your child's medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls repairs or replacements, to track products or to conduct activities required by the Food and Drug Administration. We may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
- Victims of Abuse, Neglect or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that you or your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your child's medical information if it is necessary to prevent a serious threat to you or your child's health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being a part of a crime or has escaped from legal custody.
- Health Oversight Activities: We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
- Law Enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

You have the following rights regarding PHI that Clear Speech and Language maintains about your child and/or you. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your child's care. Your right to inspect and/or copy PHI will be restricted only in situations where there is compelling evidence that access would cause serious harm to your child and/or you. Clear Speech and Language may charge a reasonable, cost-based fee for copies. You have the right to request an amendment to your child's PHI if you feel the PHI is incorrect or incomplete; Clear Speech and Language is not required to agree to the amendment. You have the right to request an accounting of the disclosures we make of your PHI. We may charge a reasonable fee for requests that exceed one per any 12-month period. You have the right to request a restriction or limitation on the use and/or disclosure of your child's PHI for treatment, payment, or health care operations. Clear Speech and Language is not required to agree to your request. You have the right to request that we communicate about medical matters in a certain way or location. You have a right to a copy of this Notice.

NOTICE OF PRIVACY PRACTICES RECEIPT AND ACKNOWLEDGMENT

Client Name: _____

DOB: _____ / _____ / _____

I hereby acknowledge that I have received and been given an opportunity to read a copy of the Notice of Privacy Practices of Clear Speech and Language. I understand that any questions regarding the Notice or my rights may be directed to Vanessa Cisneros at (909) 367-6747.

Print Name

Signature Date

Adult/Guardian Signature Date

Adult/Guardian Relationship to Child

For Office Use Only:

- Refusal of acknowledgment receipt
- Copy given to client
- Signed version filed in chart

Vanessa Cisneros M.S., CCC-SLP Date
Heather Elam B.A., SLPA