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## NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS TO COMPLY WITH THE FEDERAL LAW “HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT OF 1996”. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**\*\*\*\*\*PLEASE REVIEW THIS DOCUMENT CAREFULLY\*\*\*\*\***

Health Insurance Portability and Accountability Act (HIPAA) was signed into federal law in 1996 as Public Law 104-191. HIPAA requires the Secretary of the Department of Health and Human Services to adopt standards for electronic transactions, including data elements, standard code sets, unique health identifiers, security safeguards and privacy standards. The primary intent and purpose of this law is to protect health information for clients and their families.

I am required by law to protect the privacy of your person health information (PHI) I am required by law to provide you with this notice that explains my legal duties and my privacy information practices. For each therapy session or meeting, a record is created to captures the care, treatment, and/or services provided. This information is compiled for legal, regulatory and the course of business practices. I, Kristin Miller, will be the designated privacy officer, regulating the sharing, storage and confidentiality of your PHI. I adhere to government policies regarding the using, disclosure and requesting of PHI. The following are examples of instances where information may be shared:

Billing your insurance – the bill includes information to identify you and/or your child.

With your knowledge and permission only, sharing information with other medical professionals, teachers, therapists, and/or your school district.

Providing information for audits by the Early Intervention Technical Assistance and Monitoring Program.

My policy assures that medical records are stored securely in a locked file cabinet. A password is used to gain access to medical records and billing information on the computer. A confidential fax cover sheet is used for transmitting information without revealing a client’s personal health information. Any unnecessary records containing information about the client and/or their family are shredded.

I am committed to obeying all local, state and federal laws and regulations regarding Privacy Practices. If any other uses or disclosures other than the ones listed above are needed, information will only be released with the written authorization of the individual or parent/legal guardian, as provided for by law.

**RIGHTS – ACCOUNTING OF DISCLOSURES:** You have a right to request an accounting of disclosures. This is a list of each time I have disclosed information about your child.

**RIGHTS – ACCESS AND COPYING:** You have the right to inspect and/or receive a copy of your child’s health information. Your request must be submitted in writing and specify a time period. Please note that medical records are retained for six years after your child has completed the Early Intervention Program and then are destroyed by shredding.

**RIGHTS – TO AMEND/MODIFY:** You have the right to amend or modify information if you feel that is incorrect or incomplete. Your request must be in writing, specify what information to change or add, and provide documentation to support the request.

**RIGHTS – REQUEST ALTERNATIVE COMMUNICATION:** You have the right to request that I, Kristin Miller, communicate with you about your child’s information via an alternative method. For example, you may only want to be contacted at a certain telephone number. I will try to make every attempt to accommodate reasonable requests.

**COMPLAINT PROCESS:** If you believe your privacy rights have been violated by me, Kristin Miller, you have the right to file a complaint by contacting any of the following:

\*Speech-Language Pathologist/Certified Orofacial Myologist  
Kristin Miller, M.S., CCC-SLP COM  
Telephone: (847) 361-5465

\*Privacy Officer at Illinois Department of Human Services  
100 South Grand Avenue East  
Springfield, Illinois 62762

\*Secretary of U.S. Department of Health and Human Services  
233 North Michigan Avenue, Suite 240  
Chicago, Illinois 60601  
Telephone: (312) 886-2359  
Fax: (312) 886-1807

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Signature of Client or Client’s Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Relationship to Client