



23 Mary Ave
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978-710-9413

HIPAA Privacy Statement

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individual identifiable health information used or disclosed by us in any form, whether electronically, or on paper, or orally, are kept properly confidential. The Act gives you, the patient, significant rights to understand and control how your health information is used.

WHO IS COVERED BY THIS NOTICE: Jennifer L. Hawkes., M.S., CCC-SLP

MY PLEDGE REGARDING MEDICAL INFORMATION:

I am committed to protecting medical information about you and your child. This Notice describes the privacy practices for my business. This Notice will tell you about the ways in which I may use and disclose medical information about you or your child. I will also describe your rights and certain obligations that I have regarding the use and disclosure of medical information. I am required by law to:

- Make sure information that identifies you or your child is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you or your child, and
- Follow the terms of the Notice that is in effect.

HOW I MAY USE AND DISCLOSE INFORMATION ABOUT YOU OR YOUR CHILD:

The following categories describe different ways that I use and disclose medical information. For each category of uses or disclosures, I will explain what it means and try to give some examples. Not every use or disclosure will be listed; however, all of the ways that I am permitted to use or disclose information fall into one of the categories.

For Treatment: I may use or disclose medical information about you or your child to provide you with speech-language pathology/feeding treatment or services. I may disclose healthcare information about you or your child to a physician or other healthcare provider, providing treatment to you.

_____ (Initial)

Appointment Reminders: I may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or evaluation, or to set up appointments.

Treatment Alternatives: I may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services: I may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: I may release medical information about you or your child to a friend or relative who is involved in your medical care. I may also give your information to someone who helps pay for your care. We may also disclose your condition or your child's condition to family members if needed.

To Avert a Serious Threat to Health or Safety: I may use or disclose information about you or your child when necessary to prevent a serious threat to the health and safety of you, your child, or any other person. Such disclosure, however, would only be made to a person or agency in a position to help prevent the threat.

For Special Purposes: I may disclose information about you or your child for special purposes as permitted or required by law, including the following: Community and public health activities and reports such as disease control and vital statistics.

You have the following rights with respect to your protected health information.

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, health care providers, or any other person identified by you. I am; however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from me by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from me upon request.

Additional Information about HIPAA can be found at the website:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/>

_____ (Initial)

Notice of Private Practices

I am required by law to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to protected health information. This notice is effective as of September 1, 2013, and I am required to abide by the terms of the Notice of Privacy Practices currently in effect. I reserve the right to change the terms of my Notice of Privacy Practices, and to make the new notice provisions effective for all protected health information that I maintain. I will notify you and you may request a written copy of a revised Notice of Privacy Practices from me.

You have recourse if you feel that your privacy protections have been violated. Complaints can be filed with me or with the Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave, South West, Washington, DC., 20201 (1-877-696-6775). I will not retaliate against you for filing a complaint.

Client's Name: _____

Relationship to Client: _____

Signature: _____

Date: _____