

HAMAGUCHI & ASSOCIATES

Pediatric Speech - Language Pathologists, Inc.

NOTICE FOR PRIVACY POLICIES AND PRACTICES

The purpose of this notice is to describe:

- How health information about your child may be used and disclosed
- How you can get access to your child's health information
- How the privacy of your child's health information is important to us

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR LEGAL RESPONSIBILITY

We are required by federal and state law to maintain the privacy of your child's health information. We are also required to give you this NOTICE about our privacy policies and practices, our legal duties, and your rights concerning your child's health information. We will follow the privacy practices described in this NOTICE while it is in effect. This NOTICE will remain in effect until we replace it.

We reserve the right to change our organization's privacy policies and practices and the terms of this NOTICE at any time, as permitted by federal and state law. We reserve the right to make changes in our privacy policies and practices and to make the new provisions effective for all protected health information that we maintain. If changes are made, the new NOTICE will be available upon request and will be posted at our site.

You may request a copy of our notice at any time. For further information about our privacy policies and practices or a copy of this notice, you may contact our privacy officer, Patti Hamaguchi.

In order to maintain the privacy of all client information, no one should enter the receptionist's office unless accompanied by clinic personnel or your child's speech-language pathologist. Family members should be in treatment rooms or observation areas only when accompanying their child.

PATIENT/CLIENT RIGHTS

- **Access:** You have the right to access your child's health information. You can request to view it and/or have us make photocopies (for a cost) of the information you desire. All requests for access to your child's health information must be in writing and an appointment time will be set. In certain specific circumstances we may deny your request, but we will tell you in writing of our decision and any reason(s) for the denial. Please contact our privacy officer for the required form.
- **Amendment:** You have the right to request that we amend your child's health information. All requests to amend your child's health information must be in writing including an explanation of why you want the record

amended. Please contact our privacy officer for assistance. We may deny your request if the information:

- a. was not created by us (e.g. report from another professional),
- b. is not part of the protected health information we keep, or
- c. is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint that can become a part of your child's record.

- **Restriction:** You have the right to request additional restrictions regarding our use or disclosure of your child's health information. All requests for additional restrictions to your health information must be in writing. Please contact our privacy officer for assistance. We may deny your request under certain circumstances. The law allows us to disclose information without your authorization in response to:
 - a. a court order, subpoena, warrant, or similar process,
 - b. health oversight agencies,
 - c. report about victims of abuse, neglect, or domestic violence, or
 - d. public health activities.
- **Alternative Communication:** You have the right to request that we communicate or send health information to you at an alternate address or by alternate means (e.g. only by phone or in person). All requests for alternative communication regarding your child's health information must be in writing and specify which location or method you want your child's health information communicated by our personnel. Please contact our privacy officer for assistance.
- **Disclosure:** You have the right to a written accounting of the instances in which our agency or our business associates disclosed your child's health information for purposes other than treatment, payment or our agency's operations for records. The list will not include disclosures made for national security purposes or to law enforcement personnel.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about your child for treatment, payment, and healthcare operations. **For example:**

- **Treatment:** *With your permission*, we may use or disclose your child's health information to other healthcare providers involved in your child's care (i.e. pediatrician, speech therapist, psychologist). We may discuss aspects of your child's therapy program at staff meetings solely for the purpose of coordinating therapy between staff members who concurrently work with your child or to elicit and/or discuss therapy or assessment methods that other staff SLP's may suggest in order to maximize your child's progress.
- **Office Staff:** Office staff/assistants handle billing and intake information. They sometimes make copies of documents that pertain to your child's program, such as assessment reports, etc. Group assistants may sometimes be made aware of pertinent diagnostic information about a

child in order to structure their teaching style appropriately. (e.g. if a child has a hearing impairment or requires signing with verbal directions, etc.) All staff members are required to keep any information about our clients confidential.

- **Payment:** We may use or disclose your child's health information to assist you to obtain payment for the services we provide you. This may include but is not limited to, evaluation reports, treatment notes or other documentation required by your health insurance company or flexible medical spending account.
 - **Healthcare Operations:** We may use or disclose your child's health information as it relates to our healthcare operations. This may include agency operations such as performance or quality improvement activities, training programs (including staff and students), accreditation, certification, licensing or credentialing activities, reviewing the competence or qualifications of our healthcare professionals, and evaluating staff performance.
 - **Required by Law:** We may use or disclose your child's health information when we are required to do so by law.
 - **Abuse or Neglect:** We may use or disclose your child's health information to appropriate authorities if we have reason to believe that your child is a possible victim of abuse, neglect, domestic violence, or other crimes. We may use or disclose your child's health information to the extent necessary to prevent a serious threat to your child's safety or health or the safety and health of others.
 - **Appointment reminders:** We may use or disclose your child's health information to provide you with an appointment reminder by telephone message, voicemail, email, or letter. If you do not wish to have us leave messages about your child's appointment at your work, via email, or any other manner, please let us know.
 - **Your authorization:** In addition to our use and disclosure of your child's health information about your child for treatment, payment, and healthcare operations, we may use your information for other purposes with your written authorization, such as videotaping for speech-pathologist's training. You may revoke this authorization at any time with a written request. Revoking your authorization, will not affect any use or disclosures permitted by your authorization while it was in effect. We cannot use or disclose your child's health information for any reason except those described in this NOTICE without your written authorization.
 - **Marketing :** We will not use your child's health information for marketing purposes or communications without your written authorization.
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FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that your privacy rights may have been violated or you disagree with a decision we made regarding access to your child's health

information or in response to a request you made in writing, please contact our privacy officer to make a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services. Our privacy officer will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your child's health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services

Privacy Officer: Patti Hamaguchi, CEO
Hamaguchi & Associates Pediatric Speech-Language Pathologist, Inc.:
Telephone: 408-366-1098
Address: 20380 Town Center Lane, Suite 290, Cupertino, CA. 95014

Hamaguchi & Associates
Pediatric Speech-Language Pathologists, Inc.

**ACKNOWLEDGEMENT OF
RECEIPT OF NOTICE OF PRIVACY POLICIES AND PRACTICES**

Client _____ **Date** _____

I, _____, have received a copy of this agency's Notice of Privacy Policies and Practices and authorize use and disclosure of my child's health information for treatment, payment, and healthcare operations.

Print Name _____

Signature _____ **Date** _____

Relationship to Client _____ **Date** _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Policies and Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- Other (Please explain) _____