



# Naples Speech Therapy

## HIPAA Acknowledgement

This notice describes how your medical information may be used and disclosed.

Naples Speech Therapy is required by law to keep your health information safe. This information may include: medical history, treatment notes, evaluation/test results, and information provided to Naples Speech Therapy by your doctors or other health care providers.

The Health Insurance Portability and Accountability Act, or HIPAA, requires that Naples Speech Therapy provides you with a copy of this privacy notice. We will ask you to acknowledge that you have received and read this notice.

You may refer to this notice any time to see how your health information may be used and who may be entitled to see it.

## **How Your Health Information May Be Used Or Shared**

Naples Speech Therapy may use or share your health information without your permission for the following reasons:

Treatment- Naples Speech Therapy may share your information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of your treatment with that doctor.

Payment- Naples Speech Therapy may use and share your health information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share health information to:

- obtain the insurance company's permission to start treatment
- obtain permission for additional treatment
- to get reimbursed for treatment you received

## **Your health information may also be used or shared without your permission for:**

Abuse and Neglect. We may share your health information with government agencies when there is evidence of abuse, neglect or domestic violence.

As Required by Law. We will share your information we are told to do so by federal, state or local law. We will also share information if we are asked by the police or courts.

Government Function. Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.

Threats to Health and Safety. Your health information may be shared if we believe that it will prevent a threat to your health and safety or the health and safety of others.

Workers' Compensation. If your treatment is related to a work-accident, we may share your information with the Department of Industrial Accidents, your workers' compensation insurance company and/or your employer.

**When your permission is needed to use or share your health information:**

You must give Naples Speech Therapy written permission to use or share your health information for any situation this is not listed in this notice. You may rescind the authorization at any time. Once your information is released, Naples Speech Therapy cannot retrieve it back from the release.

**Your Privacy Rights**

You have the right to:

- Ask us not to share your information. You can ask us not to use or share your information for treatment, payment or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- Ask us to contact you privately. You can ask us to contact you only in a certain way. For example, you may want us to call you but not e-mail you. Limitations on contact must be in writing and Naples Speech Therapy will do that which we can to accommodate your request.
- Look at and obtain a copy of your health information. You have the right to see your health information and to get a copy of your health information, for example: your assessment scores, interpretation, and daily notes. You may not be able to see or copy information put together for a legal proceeding, and/or copyrighted materials, such as test protocols.
- Ask for changes to your health information. You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must make these requests in writing and provide a reason for the request. Naples Speech Therapy retains sole discretion in making any requested change to your health information.

**Changes to Information In this Notice**

Naples Speech Therapy may change or amend this notice and its content at any time. Changes may apply to information already on file and to any future information.

I have received and acknowledge the above HIPAA information.

\_\_\_\_\_  
Client or POA

\_\_\_\_\_  
Date