

# Texoma Pediatric Therapy Services, LLC

Laurie Nix, M.Ed., CCC/SLP

514 N. Elm Street

Sherman, Texas 75020

Tel(903) 436-4300 | Fax(903) 868-2330

[www.texomaspeechtherapy.com](http://www.texomaspeechtherapy.com)

## HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: September 23, 2013

### Your Protected Health Information (PHI)

Information about your health is private, and it should remain so.

Texoma Pediatric Therapy Services, LLC (“Texoma Speech Therapy”) is required by law to protect and maintain the privacy of your health records. We refer to your health information as Protected Health Information (“PHI”).

We are required to follow this Notice with utmost care in respect to the following:

- how we use your PHI
- disclosing your PHI to others
- your privacy rights
- our privacy duties
- contacts for more information or, if necessary, a complaint.

The basis for federal protection of health records is the Health Insurance Portability and Accountability Act (“HIPAA”) and its associated federal and state privacy laws, two of which are the “Privacy Rule” and the “Security Rule.”

HIPAA requires that you receive a copy of this Notice. We will ask you to sign a paper confirming that you have received this Notice.

Read and refer to this Notice at any time to see how your PHI can be used and who can see it.

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## How Your PHI May be Used or Disclosed

We may use or share your PHI *without* your permission for the following reasons:

- **Treatment.** We may share your PHI 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 our treatment with that doctor.
- **Payment.** We may use and disclose 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 information to:
  - get the insurance company's permission to start treatment
  - get permission for more treatment
  - get paid for the treatment you receive
- **Special Uses.** Your relationship to us as a patient might require us to use or disclose your PHI in order to:
  - remind you of an appointment for treatment
  - tell you about treatment alternatives and options
  - tell you about other health benefits and services
- **Health Care Operations.** We may use and disclose your PHI to run our facility and be sure all patients receive proper care. For example, we may use your PHI to:
  - see how well our services are working
  - see how well our staff is doing
  - see how we compare to other health care facilities in our chosen area
  - make our services better
  - help others study health care services

### 1.1 Certain Uses and Disclosures of Your PHI as Permitted or Required by Law

As a health care facility, we must abide by many laws and regulations that either require or permit us to use or disclose your PHI.

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## 1.1a Required or Permitted Uses and Disclosures

- If you do not verbally object, we may share some of your PHI with a family member or friend involved in your care.
- We may use your PHI in an emergency when you are not able to express yourself.
- We may use or disclose your PHI for research if we receive certain assurances which protect your privacy.

## 1.1b Further Instances in which We may Use or Disclose Your PHI

- **Abuse and/or Neglect.** We may disclose your PHI with government agencies when there is evidence of abuse, neglect, and/or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent by post office, electronic mail, or conveyed by telephone. We also may leave voicemail messages. Any of the above reminders have the potential to be heard, overheard, or read by someone other than you. **If you do not wish to receive reminders by one or more, or any, of the above means, please inform your speech-language pathologist.**
- **As Required by Law.** We will disclose your PHI when we are told to do so by the federal, state, and/or local authorities.
- **When Properly Requested by Law Enforcement Officials.** For instance, we may use or disclose your PHI in reporting gunshot wounds, reporting cases of suspicious death, or for other legal requirements.
- **Government Functions.** We may use or disclose your PHI to government regulators or agents to determine compliance with applicable rules and regulations.
- **Information About a Person Who has Died.** We may disclose PHI with the coroner, medical examiner, and/or funeral director, as needed.

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- **Marketing.** We may use your PHI to let you know of other services which might be of interest to you.
- **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues or adverse drug reactions to the Food and Drug Administration (“FDA”) and to report diseases and infections.
- **Regulatory Oversight.** We may share your PHI with agencies overseeing health care. This may include disclosing your PHI for audits, licensure, and inspection.
- **Research.** We may use or disclose your PHI for purposes or research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.
- **Threats to Health and to Safety.** Your PHI may be disclosed if we believe that doing so will prevent a hazard to your health and safety or that of others.
- **For National Security Purposes.** We may use or disclose your PHI for purposes related to National Security. This includes disclosing your PHI to the Secret Service or, if you are a member of the Armed Forces,  
  
disclosing it to the appropriate military command authority if deemed necessary.
- **In connection with certain types of organ donor programs.**
- **Worker’s Compensation (“Worker’s Comp”).** We will disclose your PHI with Worker’s Comp if your case is being considered as a work-related injury or illness.
- **Surveys.** We may use or disclose your PHI in connection with patient satisfaction surveys so that we may better serve you.

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## 1.2 When Your Authorization may be Required for Usage or Disclosure of Your PHI

In many cases, we may use or disclose your PHI, as summarized above, for treatment, payment, health care operations, or as permitted or required by law. In other cases, however, we must ask for your written authorization with specific instructions and limits on our use or disclosure of your PHI.

This includes, for example, uses or disclosures of psychotherapy notes, uses and/or disclosures of psychotherapy notes, uses and/or disclosures for marketing purposes, or for any disclosure which is a sale of your PHI.

Once you give us authorization to use and/or disclose your PHI, you may revoke it later if you change your mind. We will not be able to get back the information we had previously shared when we had your permission.

## 2. Your Privacy Rights and How to Exercise Them

Under HIPAA, patients have specific rights.

### 2.1 Your Right to Request Limited Use or Disclosure

You have the right to request that we do not use or disclose your PHI in a particular way. We must abide by your request to restrict disclosures to your health plan (insurer) if:

- the disclosure is for the purpose of carrying out payment or healthcare operations and is not required by law; and
- the PHI pertains solely to a healthcare item or service that you or someone other than the health plan (insurer) has paid us for in full.

In other situations, we are not required to abide by your request. If we agree to your request, we must abide by the agreement.

### 2.2 Your Right to Confidential Communication

You have the right to receive confidential communications of PHI from the hospital at a location that you provide. Your request must be in writing; you must provide us with the other address; and you must explain if the request will interfere with your method of payment.

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## **2.3 Your Right to Revoke Your Authorization**

You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

## **2.4 Your Right to Inspect and Copy**

You have the right to inspect and copy your PHI (or to an electronic copy if the PHI is in an electronic medical record), if requested in writing. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.

## **2.5 Your Right to Amend Your PHI**

If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment, and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. Your statement and our counter-statement must be made part of our record about you.

## **2.6 Your Right to Know Who Else Sees Your PHI**

You have the right to request an accounting of when, how, and with whom your PHI was shared and/or disclosed, however there are specific rules about this:

- You must ask us in writing.
- You must tell us the precise dates (i.e. – MM/DD/YYYY of beginning date to MM/DD/YYYY of end date) for which you wish to receive your PHI.
- You must tell us if you want a paper copy, an electronic copy, or both.
- You may not receive any information of any sort dating earlier than April 14, 2003. This date is when government privacy rules took effect.

## **2.7 Your Right to be Notified of a Breach**

You have the right to be notified following a breach of unsecured PHI.

## **2.8 Your Right to Obtain a Paper Copy of This Notice**

You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically.

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## **2.9 Your Right to File Complaints**

If you believe that your privacy has been violated in any way, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with us or the Secretary.

### **2.9a Your Right to File a Complaint with Us**

To file a complaint with us, please contact our office. Your complaint should provide specific details to help us in investigating a potential problem.

### **2.9b Your Right to File a Complaint with the Government**

To file a complaint with the Secretary of Health and Human Services, write to: 200 Independence Ave., S.E. Washington D.C. 20201. Alternatively, you may call 1-877-696-6775.

## **3. Additional Information**

### **3.1 Our Notice of Privacy Practices**

Federal health information privacy rules require us to give you notice of our legal duties and privacy practices with respect to PHI and to notify you following a breach of unsecured PHI. This document is our HIPAA-compliant Notice of Privacy Practices.

We will abide by the privacy practices set forth in this Notice. We are required to abide by the terms of the Notice currently in effect. However, we reserve the right to change this Notice and our privacy practices when permitted or required by law.

### **3.2 Changes to the Information in this Notice**

We may change this notice at any time. Changes may apply to information we already have in your file and to any new information. If we change our Notice of Privacy Practices, copies of the new Notice will be available from our staff, and we will post the new Notice.

### **3.3 Complaints**

You may file a complaint if you think we did something wrong with your information. You can complain to your regional office of the United States Office of Civil Rights.

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For additional information, go to [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html).  
All complaints must be in writing. We will not retaliate in any manner for filing a complaint.

## **3.4 Contacts**

If you have any questions regarding this Notice or any of your privacy rights, ask your speech-language therapist.