



Speech World, LLC

6614 Atlantic Blvd, Jacksonville, FL 32211

Phone (904) 685-4267 Fax (888) 504-5656

NOTICE OF PRIVACY PRACTICES

As required by the regulations created as a result of the Health Insurance Portability and Accountability Act (1998)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO YOU INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI)

A. OUR COMMITMENT TO YOUR PRIVACY

Our Practice is dedicated to maintaining the privacy of your IIHI when conducting our business. We will create records regarding the patient and the services we provide to the patient. We are also required by law to maintain the confidentiality of duties and the privacy practices that we maintain concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time. The terms of this notice apply to all records containing IIHI that are created and maintained by our practice. We reserve the right to revise or amend this notice of Privacy Practices. Our practice will post a copy of our current notice in our office in a visible location. At all times and you may request a copy.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, CONTACT SPEECH WORLD LLC AT (904) 685-4267.

C. WE MAY USE AND DISCLOSE YOUR IIHI IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your IIHI without obtaining your consent.

- **Treatment** - Our practice may use IIHI to treat your child. People who work for the practice may use/disclose your IIHI order to treat the patient or assist others in the patient's treatment. Additionally, we may disclose IIHI to others who may assist In the patient's care, such as parents. This practice will share information with primary care providers (PCP) and other health personnel.

- **Payment** - Our practice may use and disclose IIHI in order to bill and collect payment for the services and products the patient may receive from us. For example, we may contact your health insurer to clarify that the patient is eligible for benefits and for what range of benefits. We also may provide the health insurer with details regarding the patient and treatment to determine if the health insurer will recover or pay for treatment. We may also use and disclose your IIHI to obtain payment from third parties that may be responsible for payment, such as family members. Also, we may use your IIHI to bill to you directly for services and items.

Disclosures required by law - Our practice will use and disclose your IIHI when we are required to do so by federal, state and/or local law.

D. USE AND DISCLOSURE OF IIHI UNDER CERTAIN CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose IIHI.

- **Lawsuits and similar proceedings** – Our practice may use and disclose IIHI in response to a court or administrative order. We also may disclose IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.
- **Law Enforcement** – We may release the patient’s IIHI if asked to do so by law enforcement officials.

E. THE PARENTS’ RIGHTS REGARDING IIHI

You have the following rights regarding the IIHI that we maintain about your child.

- **Confidential Communications** - You have the right to request that our practice communicate with you about your child’s health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication. You must make a written request to Speech World, LLC. We currently use the phone, cell phone, fax, and secure email to communicate with designated other parties. Please advise the staff in writing if you do not want your information to be shared in this manner.
- **Requesting Restrictions** - You have the right to request a restriction in our use or disclosure of your IIHI for treatment. Payment or other healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your child’s care or the payments of said care. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat the patient. In order to request a restriction of our use or disclosure of your IIHI, you must make the request in writing to Speech World, LLC. Your request must describe in a clear and concise fashion:
 - The information you requested
 - Whether you are requesting a limit to our practice’s use, disclosure or both

- And to whom you want the limit to apply
- **Inspection and copies** – You have the right to inspect and obtain a copy of IIHI that may be used to make decisions about the patient, medical and billing. You must submit your request in writing to Speech World, LLC. Our practice may deny your request to inspect and/or copy in limited circumstances. You may, however, request a review of our denial.
- **Amendment** – You may ask us to amend the patient’s health information if you believe it to be incorrect or incomplete and you may request an amendment. To request an amendment, your request must be made in writing and submitted to Speech World, LLC. You must provide ID and the reason that supports your request for the amendment. Our practice may deny your request and the reason supporting it in writing.
- **Right to a paper copy of this notice** – You are entitled to receive a paper copy of this notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact any staff member at Speech World, LLC.
- **Right to file a complaint** – If you believe that the patient privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized for filing a complaint.
- **Right to provide an authorization for other uses and disclosures** – Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use your IIHI for the reasons described in the authorization. Please note that we are required to retain records of your care.

All inquiries or written requests may be submitted to:

Enak Alfonso, Clinical Director

6614 Atlantic Blvd, Jacksonville, FL 32211

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