

NOTICE OF PRIVATE PRACTICES

Effective Date: January 1, 2021

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

Medical information about you and your health is personal. I am committed to protecting the confidentiality of your child's medical information. As part of my routine operations, I create a record of the care and services your child receives. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your child's care generated by myself through Augmentative Alternative Communication Services whether made by myself or your child's education team or doctor.

This notice will tell you about the ways in which your child's medical information may be disclosed. I will also describe your rights and certain obligations I have regarding the use and disclosure of medical information. Federal law requires the following:

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

How Medical Information About Your Child May Be Used or Disclosed:

The following categories describe different ways to use and disclose medical information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every possible use or disclosure is listed, but all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment: I may use medical information about your child to provide your child with medical treatment or services. I may disclose medical information about your child to doctors, nurses, technicians, medical/audiology/speech pathology students, or other personnel who are involved in taking care of your child.

For Payment: I may use and disclose medical information about your child so that I can collect payment. For example, I may need to give information about treatment your child received to a third party if they are the party that hired me, (such as your child's school or care coordinator.)

Health Care Operations: I may use and disclose medical information about your child for operational purposes. These uses and disclosures are necessary to run my business efficiently and effectively, and to make sure that all of my patients receive quality care. For example, I may use medical information to review and improve the care you receive, to provide training, to help decide the services offered and what rates to charge. I will remove information that identifies your child from this set of medical information so others may use it to study health care and health care delivery without learning the names of specific patients.

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

Individuals Involved in Your Child's Care or Payment for Your Child's Care: I may release medical information about you to a friend or family member who is involved in your child's medical care. I may also give information to someone who helps pay for your care.

As Required By Law: I will disclose medical information about your child when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: I may use and disclose medical information about your child, when necessary, to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent that threat.

Public Health and Safety: I may disclose medical information about your child for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report suspected abuse, neglect or domestic violence to the appropriate government authority;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: I may disclose medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: I may disclose medical information about your child in the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena or other lawful process.

Law Enforcement: I may release medical information in certain situations if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, I am unable to obtain the person's agreement;
- About a death I believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime; or the identity, description and/or location of the victim or person who may have committed the crime.

Your Rights Regarding Medical Information About You:

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your child's care. Usually, this includes medical and billing records, but does not include weekly therapy notes. Such requests must be submitted in writing to AACCS.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. Your request must be written and provide the reason for the request. I may deny your request if you ask to amend information that

- was not created by me, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by AACCS.
- Is not part of information you are permitted to inspect or copy.
- Is accurate or complete.

Right to an Accounting Disclosure: You have the right to request an "accounting of disclosures." This is a list of disclosures we made of medical information about you. Requests must be made in writing. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (i.e. on paper or electronically).

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information I use or disclose about your child for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information I disclose about your child to someone who is involved in your child's care, like a family member or friend. To request restrictions, you must make your request in writing to AACCS and must tell me (1) what information you want to limit, (2) whether you want to limit the use, disclosure, or both, and (3) to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or certain locations (e.g. only at work or by mail). Such requests must be made in writing and include how or where you wish to be contacted.

Right to Paper Copy of This Notice: You have a right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time.

Changes to This Notice:

I reserve the right to change this notice. I reserve the right to make the revised notice effective for medical information I already have about you as well as any information I receive in the future. The revised notice will contain the effective date.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint write to the address above. You or your child's services will not be penalized for filing a complaint.

Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only with your written permission. If you provide me permission to use or disclose medical information about your child, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures we have already made with your permission prior to a revocation, and that in any event I am required to retain records of the care that I provided to you.