



HIPAA - Your Privacy Rights

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

Key Therapy is required by law to keep your health information safe. This information may include:

- notes from your doctor, teacher, or other health care provider
- your medical history
- your test results
- treatment notes
- insurance information

A government rule, called the Health Insurance Portability and Accountability Act, or HIPAA, requires that you get a copy of this privacy notice. We will ask you to sign a paper saying that you have been given this notice.

Read and refer to this notice at any time to see how your health information can be used and who can see it.

1. HOW YOU OR YOUR CHILD'S HEALTH INFORMATION MAY BE USED OR SHARED

- **Treatment.** We may share 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 our treatment with that doctor.
- **Payment.** We may use and share 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
- **Health Care Operations.** We may use and share your health information to run the clinic and be sure that all patients receive good care. For example, we may use your health information to:
 - see how well our services are working
 - see how well our staff is doing
 - see how we compare to other clinics
 - make our services better
 - help others study health care services

- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by e-mail, or by phone call or voicemail message. If you do not wish to get reminders, please tell your speech-language pathologist.
- **Individuals Involved In Your Care.** We may share information with a family member or other persons identified by you or who is involved in your or your child's care or payment related to that care. We may tell a family member or friend about your child's condition. If you do not want information released to those involved in the care, see instructions for requesting a restriction under **Your Privacy Rights**.

2. HOW WE MAY DISCLOSE YOU OR YOUR CHILD'S HEALTH Information outside of Key Therapy

- **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 when 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 Functions.** 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.
- **Information Regarding Deceased.** We may share information with the coroner, medical examiner, or a funeral director, as needed.
- **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 to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information with agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process. These projects have rules to protect your privacy, too.
- **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.
- **Worker's Compensation.** We will share your information with Worker's Compensation if your case is being considered as a work-related injury or illness.

3. YOUR PRIVACY RIGHTS

In accordance with federal regulations and Key Therapy policies and procedures 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. We will make every effort to honor your request. However, in some situations, we may be required by law to share the health information.
- **Inspect and/or obtain a copy your child's health record.** You have the right to request to inspect and/or obtain a copy of the health information and billing records. We may charge a fee for the cost associated with copying and/or mailing the information. You have the right to see your health information and to get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Request to correct/amend information in your or your child's health record.** If you feel the health information that we have is incorrect or incomplete, you may ask us to correct/amend the information. If the health information is determined to be incorrect or incomplete, we will revise the record.

- **Ask us to contact you privately.** You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may want us to call you but not to e-mail you. Or you may want us to call you at work and not at home. It is your responsibility to make sure we have your correct address and contact information.
- **Receive a listing of how your or your child's information has been shared.** You have a right to receive a listing of disclosures of the health information for purposes outside treatment, payment or office operations. Receive a paper copy of this notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
 - In order to request restrictions on how your or your child's health information is shared or used or to request confidential communication, you must submit a request in writing to KEY THERAPY
 - In order to request a copy, inspection, a correction/amendment or a listing of disclosures you must submit a request in writing to KEY THERAPY

4. OBLIGATIONS OF KEY THERAPY

We are committed to:

- Make sure that medical information that identifies you, your child (children) is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to you or your child's health information.
- Follow the terms of this notice.
- Notify you, after management's review, if we are unable to agree to a requested restriction on how health information is used or disclosed.
- Accommodate reasonable request for communications of health information in a particular manner or to a location other than your permanent address.
- Obtain your written authorization to disclose health information for reasons other than those listed above and permitted. You are allowed to take back this authorization, called revoking authorization, at any time. We will not be able to get back the information that we shared with your permission
- Provide you with a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- Key Therapy reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you, and upon your request; we will provide with a copy of the new notice. The notice will have a date on the front page to tell you when it went into effect.

5. Who Is Covered by This Notice

The people who must follow the rules in this notice are:

- all speech-language pathologists working at Key Therapy
- anyone who is allowed to add health information to your file, including students and other staff
- any volunteers who may help you while you are in this clinic

Contacts

If you have any questions about this notice or your privacy rights, please ask your speech-language pathologist, Dione Langley MS, CCC-SLP.

Acknowledgment That You Have Received Our HIPAA Privacy Notice

Key Therapy is required by law to keep your health information safe. This information may include:

- notes from your doctor, teacher, or other health care provider
- your medical history
- your test results
- treatment notes
- insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared. It also tells you how you can look at and comment on your information.

By signing this page, you are saying that you have been given a copy of our privacy notice.

Print Patient's Name

Date

Print Parent/Guardian Name

Relationship to Patient

Parent or Guardian Signature