



Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of the legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Office at this practice.

PRIVACY OFFICER: Sage Mervis
EFFECTIVE DATE: Dec 20, 2018
CONTACT PERSON: Mimi Holiday
PHONE NUMBER: 310.996.8900

WHO WILL FOLLOW THIS NOTICE?

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates, sites and locations of this practice may share medical information with each other for treatment, payment purposes, or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU?

The following categories describe different ways that we may use or disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclose in a category is listed.

For Treatment: We may use medical information about you to provide you with medical treatment or services. Examples: in treating you for a specific condition, we may need to know if you have allergies that could influence which activities we use in the treatment process.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party. Example: we may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations: We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: we may use medical information to

review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or another program for processing claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the U.S. Food and Drug Administration (FDA)

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us permission to use or disclose medical information about you, you may revoke the permission, in writing, at any time. If you revoke your permissions, we will thereafter no longer use or disclose medical information about you.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be discriminated against for filing a complaint.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. We will abide by all restrictions agreed upon by you and the practice; however we are not required to agree to all requested restrictions.

You also have the right to:

- Inspect and copy protected health information
- Amend protected health information
- Receive an accounting of disclosures of protected health information
- Obtain a paper copy of the notice from the practice upon request

PRACTICE RESPONSIBILITIES

Speech Pathology Associates is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the notice currently in effect. Speech Pathology Associates reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information that we maintain. Any revised notice will be provided for your review and signature.

MINIMUM NECESSARY INFORMATION

Following a written request for information from a third party i.e. treating physician, insurance company, school district, etc. Speech Pathology Associates will provide the minimum necessary information to meet that request. Restricted information will not be provided in our response providing we have agreed to those restrictions.

INFORMATION FLOW

All patient files will be kept in secure file cabinets and will not be available to the general public. Files will be made available to the clinical staff and/or their designated representative responsible for each patient's treatment. Administrative staff will have access to patient's files for the purpose of submitting requested records, checking authorizations, or for billing purposes. Files will be available to the treating clinician during the work day of the patient's scheduled appointment. All patient charts will be returned to the secure file cabinets at the end of each day. At no time will patient charts leave the office of Speech Pathology Associates.

Fax stations and mail areas will not be available to the general public. All faxes and mail will be filed in the protected patient chart. Administrative staff will copy and mail requested information after checking the file for any restrictions. All forms and patient information that is no longer

necessary for patient treatment will be disposed of by shredding. Appropriate discipline will be applied for any employee who violates Speech Pathology Associates privacy policy.

If the patient requests a copy of the protected health information, Sage Communication Clinic. may impose a reasonable, cost-based fee that includes the cost of copying, postage, and preparation of the protected health information. In denying access to any protected information, Speech Pathology Associates will provide a timely written denial to the patient stating the basis for the denial.

Protected health information will not be given out for non-medical purposes without the explicit written authorization from the patient. This authorization may be revoked in writing by the patient or his representative at any time.

Sage Communication Clinic will obtain written authorization prior to using any protected information for the purpose of marketing communications or for the purpose of research.

Sage Communication Clinic will keep a record of all health information disclosures for each patient except for disclosures:

- To carry out treatment, payment, and health care operations
- To patients of protected health information about them
- To persons involved in the patient's care
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials
- Those that occurred prior to the compliance date

Non-routine disclosures include those to business associates of the practice, banks, employers, or financial institutions, or for marketing and/or research purposes not covered by patient authorization, disclosures to insurers for claims investigations, public health and law enforcement disclosures, and any accidental inappropriate disclosures.

I hereby acknowledge that I have received a copy of Sage Communication Clinic Notice Of Privacy Policy.

Please Print Name of Client

Signature of Client/Guardian

Today's Date