

Anne Reynolds, M.S., CCC-SLP

Pediatric Speech-Language Pathologist

Anne Reynolds, LLC

MD License Number: 01497

Phone: (301) 933-3061

FAX: (301) 933-3062

Acknowledgement That You Have Received Our Privacy Notice

ANNE REYNOLDS, LLC is required by law to keep your health information safe. This information may include:

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

We are required by law to provide you with 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.

Your Name

Date

Print your name if you are not the patient

Relationship to patient

ANNE REYNOLDS, LLC

Your Privacy Rights

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.

ANNE REYNOLDS, LLC is required by law to keep your health information safe. This information may include:

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

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

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

How Your Health Information May Be Used or Shared

We may use or share your health information without your permission for the following reasons:

- **Treatment.** We may share information with doctors and other health care providers who care for your child. For example, if your doctor orders speech therapy for your child, we will share the results of our treatment with that doctor.
- **Payment.** We may use and share information about the treatment your child received 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
- **Health Care Operations.** We may use and share your child's health information to run the clinic and make sure all clients receive good care. For example, we may use your child's health information to:
 - see how well our services are working
 - see how well our staff is doing
 - make our services better
 - help others study other health care services

This information is provided as a resource to ASHA members. ASHA makes no guarantee about the content. You should review it carefully to ensure that it meets your specific needs, including all relevant state laws that may be more stringent than HIPAA regulations.

ANNE REYNOLDS, LLC

Your Health Information May Also Be Used or Shared Without Your Permission for:

- **Abuse and Neglect.** We may share your child's health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **As Required by Law.** We will share your child's 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.
- **Marketing.** We may use your information to let you know of other services that 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 to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight:** We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research:** We may share your child's health information with researchers to be included in their research project. Information will only be shared 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 child's health information may be shared if it is believed that it will prevent a threat to your health and safety or the health and safety of others.

When Your Permission is needed to Use or Share your Health Information

You must give us permission to use or share your child's health information for any situation that is not listed in this notice. You will be asked to sign a form, called an authorization, to allow us to use or share your information. You are allowed to take back this authorization, called revoking authorization, at any time. We will not be able to get the information back that we shared with your permission.

Your Privacy Rights

You have the right to:

- **Ask us not to share your information.** You can ask us not to use or share your child's information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your child's care, like family members or friends. You must ask for limits in writing. We must share information when required by law. We do not have to agree to what you ask.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. You must ask us in writing. We will do all we can to do as you ask.

This information is provided as a resource to ASHA members. ASHA makes no guarantee about the content. You should review it carefully to ensure that it meets your specific needs, including all relevant state laws that may be more stringent than HIPAA regulations.

ANNE REYNOLDS, LLC

- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you, but not email. Or you may want us to call you at work and not at home. You must ask us in writing. We will do all we can to do as you ask.
- **Look at and copy your health information.** You have the right to see your child's health information and 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.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change.
- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your child's information was shared and who we shared it with. There are some rules about this:
 - You need to ask us in writing.
 - You must tell us the dates you are asking about and if you want a paper or electronic copy.
 - You may get information going back 6 years, but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.
- **Get a paper copy of this privacy notice.** You can get 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.
- **File complaints.** You can file a complaint with us or with the government if you think that
 - your child's information was used or shared in a way that is not allowed
 - you were not allowed to look at or copy your child's information
 - any of your rights were denied

Who is Covered by This Notice

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

- All speech-language pathologists working at ANNE REYNOLDS, LLC
- Anyone who is allowed to add health information to your child's file, including students and other staff
- Any volunteers who may help you while you are in this clinic

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 child's file and any new information. The notice will have a date on the front page to tell you when it went into effect.

This information is provided as a resource to ASHA members. ASHA makes no guarantee about the content. You should review it carefully to ensure that it meets your specific needs, including all relevant state laws that may be more stringent than HIPAA regulations.

ANNE REYNOLDS, LLC

Complaints

You may file a complaint if you think we did something wrong with your child's information. You can complain to your regional office of the United States Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing. You will not get in trouble for filing a complaint.

Contacts

If you have any questions about this notice or your privacy rights, please ask your speech-language pathologist or contact Anne Reynolds, M.S., CCC-SLP.

This information is provided as a resource to ASHA members. ASHA makes no guarantee about the content. You should review it carefully to ensure that it meets your specific needs, including all relevant state laws that may be more stringent than HIPAA regulations.