



## Speech Matters, LLC Privacy Notice HIPAA- Your Privacy Rights

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

***Effective Date: July 31, 2017***

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

- medical history
- treatment notes
- evaluation/test results
- information provided to Speech Matters by your doctors/teachers/health care providers
- insurance information

The Health Insurance Portability and Accountability Act, or HIPAA, requires that Speech Matters, LLC provides you with a copy of this privacy notice. We will ask you to acknowledge that you have received and read this notice.

You may refer to this notice any time to see how your health information may be used and who may be entitled to see it.

### **How Your Health Information May Be Used Or Shared**

Speech Matters, LLC may use or share your health information *without* your permission for the following reasons:

**Treatment**- Speech Matters, LLC may share your 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 your treatment with that doctor.

**Payment**- Speech Matters, LLC may use and share your health 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 health information to:

- obtain the insurance company's permission to start treatment
- obtain permission for additional treatment

- get reimbursed for treatment you received

**Health Care Operations**- Speech Matters, LLC may use and share your 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

**YOUR HEALTH INFORMATION MAY ALSO BE USED OR SHARED WITHOUT YOUR PERMISSION FOR:**

**Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect or domestic violence.

**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, voicemail or text message. If you do not wish to get reminders, please your speech-language pathologist.

**As Required by Law.** We will share your information 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 Function.** 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 About a Person Who Has Died.** We may share your information with the coroner, medical examiner, or a funeral director as needed.

**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 or 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 thorough 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.

**Workers' Compensation.** If your treatment is related to a work-accident, we may share your information with the Department of Industrial Accidents, your workers' compensation insurance company and/or your employer.

## **WHEN YOUR PERMISSION IS NEEDED TO USE OR SHARE YOUR HEALTH INFORMATION**

You must give Speech Matters, LLC permission to use or share your health information for any situation this is not listed in this notice. You will be asked to sign an authorization, allowing Speech Matters, LLC to use or share your information. You are able to rescind the authorization at any time. Upon completing the authorization, Speech Matters, LLC will release your health information as instructed. Speech Matters, LLC will only send copies of your information. Once your information is released, Speech Matters, LLC cannot retrieve it back from the release.

## **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 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. 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 contact you only in a certain way or at a certain place. For example, you may want us to call you but not e-mail you. Or you may want us to call you at work but not at home. Limitations on contact must be in writing and Speech Matters, LLC will do that which we can to accommodate your request.

**Look at and obtain a copy of your health information.** You have the right to see your health information and to get a copy of your health information. You have a right to see your treatment, medical and billing information. Requests for copies of your health information must be made in writing and Speech Matters, LLC will provide you with a copy of the requested information within a reasonable time. You may not be able to see or copy information put together for a legal proceeding, certain lab results and/or 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 make these requests in writing and provide a reason for the request. Speech Matters, LLC retains sole discretion in making any requested change to your health information.

**Get a report of how and when your information was used or shared.** You can request Speech Matters, LLC to tell you when your information was shared and who it was shared with. The request must:

- be made in writing.
- indicate the time period you are inquiring about.
- indicate whether you want to be notified via mail or e-mail.
- be for a period within the last six (6) years.

**Get a paper copy of this Privacy Notice.** You may receive another copy of this notice at any time.

**File Complaints.** You will not be penalized for filing a Complaint. You can file a Complaint with us or with the government if you believe that:

- your information was used or shared in a manner that is not allowed.
- you were not allowed to look at or obtain a copy of your health information.
- any of your rights were denied.

Complaints can be made at the regional office of the United States Office of Civil Rights. To find out more about filing complaints go to <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

## **WHO IS COVERED BY THIS NOTICE**

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

- all speech-language pathologists working at Speech Matters, LLC.
- anyone who is able to add health information to your file, including office staff.
- any students of volunteers who may help you while you are at Speech Matters

## **CHANGES TO INFORMATION IN THIS NOTICE**

Speech Matters, LLC may change or amend this notice and its content at any time. Changes may apply to information we already have in your file and to any future information. Copies of the current notice will be posted in our office and/or made available to you, upon your request, from our staff. The amended notice will have the date on the front page indicating when it went into effect.

## **CONTACTS**

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

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