

**\*\* Please keep for your records\*\***

## NOTICE OF PRIVACY RIGHTS

How Your Health Information May Be Used:

### To Provide Treatment

We will use your health information within our office to provide you with the best services possible. This may include administrative and clinical procedures designed to optimize scheduling and coordination of care between speech and language pathologists, occupational therapists, physical therapists, and business office staff. In addition, we may share your health information with physicians, referring health care professionals, and other health care personnel providing you treatment.

### To Obtain Payment

We may include your health information with an invoice used to collect payment for treatment you receive or it may be included with an insurance form filed for you in the mail or sent electronically. We will work only with companies who share our commitment to the security of your health information, meaning they are compliant with HIPAA regulations.

### To Conduct Health Care Operations

Your health information may be used during performance evaluations of our staff. Health information may be included in peer review for our employees and associates. It is also possible that insurance companies or government appointed agencies, as part of their quality assurance and compliance reviews will disclose health information during audits. Your health information may be reviewed during the routine processes of certification, licensing, or credentialing activities.

### As Patient Reminders

Because consistency is very important in your therapy, we may remind you of scheduled appointments or evaluations. We believe in consistency of care and will inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best care we can provide. They may include postcards, letters, telephone reminders or electronic reminders, such as email (unless you inform our office that you do not want to receive these reminders).

### Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the patient's agreement.

### Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment, or medical device.

This new law is careful to describe that you have the following rights related to your health information.

#### Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction requests from our patients.

#### Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately, with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

#### Inspect and Copy Your Health Information

You have the right to read, review, and copy your health information including your chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

#### Amend Your Health Information

You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information records in question were not created by our office, are not part of our records, or if the records containing your health information are determined to be accurate and complete.

#### Documentation of Health Information

You have the right to ask us for a description of how and where your health information was used by our facility for any reason other than for treatment, payment, or health operations. Please let us know in writing the time period of which you are inquiring. Thank you for limiting your request to no more than six years at a time. We may need to charge you a reasonable fee for your request.

#### Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail, or email a copy to you. We are required by law to maintain the privacy of your health information and to provide to you and your representative this

notice. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our notice. If we change our privacy practices, we will be sure all of our patients receive a copy of the revised notice.

You have the right to express complaints to us or the secretary of Health and Human Services if you believe your rights have been compromised. We encourage you to express any concern you have regarding the privacy of your information. Please let us know your concerns or complaints in writing.

### **Summary of Patient Rights:**

The right to considerate, confidential, private, and respectful care.

The right to understand information about your diagnosis and possible treatments.

The right to know the name, role, and credentials of the people treating you.

The right to privacy of treatment records unless you have given permission to release information.

The right to review your treatment records and to have the information explained.

The right to know if Newmeadow, Inc. has relationships with outside parties that may influence your care.

The right to give consent or decline any part of treatment. If you choose not to take part, you will receive the most effective care Newmeadow, Inc. provides.

The right to know about our office policy that affects you and your treatment.

The right to an itemized bill of charges and payments.

The right to know about and have access to office resources, such as directors, administrators, and coordinators, that can help you resolve problems and questions about your office visit and care.

The right to a quick response from our administrative team regarding any comments, questions, or complaints.

### **Summary of Patient Responsibilities:**

The responsibility to be prompt for all scheduled appointments.

The responsibility of notifying the office 24 hours in advance of cancellation.

The responsibility of providing any information regarding previous evaluations, or health issues such as allergies or special diets.

The responsibility of providing Newmeadow, Inc. with correct and/or updated information regarding address, telephone, change of custody status, insurance coverage (Insurance Card).

The responsibility of asking questions when you do not understand instructions or information.

The responsibility to notify your therapist if you are unable to unwilling to follow therapy recommendations.

The responsibility of being considerate of the needs of other patients and staff.

The responsibility to assure appropriate behavior of all non-patient visitors brought to our office.

The responsibility to pay copayments or fees for services received at the time of treatment.

The responsibility to meet with the business office if payment arrangements need to be made due to unforeseen circumstances.

The responsibility to know and confirm benefits prior to receiving treatment.

The responsibility to verify that Newmeadow, Inc.is/is not providing services within the network of your insurance coverage.