



HIPPA- Your Privacy Rights: 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.

This Privacy Notice tells you about your rights regarding speech therapy records in my private practice. One copy of this Privacy Notice is for you to keep.

1. What are health care records in this speech therapy practice?

- Your child's health care records include:
 - My notes about each speech therapy visit
 - Test forms
 - Speech samples
 - Questionnaires
 - Reports from other agencies that you give to me
 - Audio- and video- recordings of testing or speech samples
 - E-mails that I send to you
 - E-mails that you send to me (I do not save every e-mail)
 - E-mails exchanged with a school-based speech language pathologist
 - E-mails with other professionals such as lawyers, OTs, PTs, or reading specialists
 - Notes about phone conversations with you or other professionals
 - Any other documentation related to speech/language evaluation, treatment, and professional communications
- By participating in my private practice, you agree to allow video- and audio- recordings as well as formal and informal assessments when I feel these are appropriate to assess therapy progress or investigate the influence of related skills on communication.
- Video- and audio-recordings are erased after they are transcribed, or kept to record progress over time. No one else watches and/or listens to audio- or video-recordings without your written consent.
- All records are stored either in a locked file drawer or in a computer that is password protected. I am the only person with access these records. (I have no employees or assistants.)

2. What information do these records contain?

- Names and contact information such as address & phone number
- Descriptions of speech therapy activities at each visit
- My notes about your child's performance
- My thoughts about designing future speech therapy activities
- Any other relevant information, such a parent's or child's comments about attempts at completing carryover activities
- Copies of receipts for payments
- Social security numbers, health insurance information, or any other financial information from parents.
- Personal checks are deposited promptly and no information is copied or collected from them other than name, address, and phone number.

3. I will not share any of your personal information with anyone or any agency without your written consent unless legally required to do so.

- I will provide the parent who brings the child to the session and signs the therapy agreement form, and the NPP form, in person, with all written information such as an evaluation report, progress reports, and homework suggestions.
- I will not forward any reports or talk by phone or e-mail with any other person about you or your child without your written consent, unless legally required to do so.
- Please note that this means that when I see you or your child in a public place, I am not allowed to acknowledge our acquaintance unless you do so first.

4. You have a right to access your speech therapy records. I require 1 week notice if you request hard copies.

I have read, understand, and agree to this Notice of Privacy Practices.

Parent

date

Printed name