

HIPAA Policy – 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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically (see [Security Rule](#)), on paper, or orally, are kept properly confidential.

It is important to Tip of the Tongue LLC, that we at minimum, as noted through the [U.S. Department of Health & Human Services](#), “make reasonable efforts to limit the use or disclosure of, and requests for, protected information to the minimum necessary to accomplish the intended purpose.” This Act gives you, the parent(s)/guardian(s) of the client, significant rights to understand and control how your health information is used. Tip of the Tongue LLC is required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, Tip of the Tongue LLC has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information:

- **Treatment** means providing, coordinating, or managing health care and related services, by one or more health care providers. An example of this would include a speech and language therapy session.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities (if needed), and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. However, Tip of the Tongue LLC does not participate with any insurance companies, but will provide a superbill at the end of each month where services are rendered, upon request.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

- Tip of the Tongue LLC may create and distribute de-identified health information by removing all references to individually identifiable information.
- Tip of the Tongue LLC 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.
- Additional uses and disclosures of health information will be made only with your written authorization (i.e., Release of Information). It should be noted, there are certain limits to confidentiality which include: court/legal proceedings where requests are made for information (i.e., treatment, evaluation, etc.), government agencies request for information within appropriate legal authority, or complaints/lawsuits against Tip of the Tongue LLC in which relevant information may be shared. Furthermore, I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide Tip of the Tongue LLC with services if the information is necessary for such functions/services. My business associates sign agreements to protect the privacy of your information and are unable to use/disclose any information other than as specified in our contract.
- You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken action relying on your authorization.

- You have the following rights with respect to your protected health information:
 - The right to request that a covered entity restrict how it uses or discloses your health information. Tip of the Tongue LLC is, however, not required to agree to a requested restriction. If we do agree to a restriction, we must comply with it.

- The right to determine, if you choose, to give permission prior to your health information being used or shared for various purposes (e.g., marketing).
- The right to a copy of your health records.
- The right to amend your health information.
- The right to request and receive confidential communications of PHI by alternative means and locations.
- The right to receive a report of how and when your information was used or shared.
- The right to file a complaint if you believe your rights have been violated.

Tip of the Tongue LLC is required to abide by the terms of the Notice of Privacy Practices currently in effect. All persons employed by Tip of the Tongue LLC, are covered by this notice of privacy practices. Tip of the Tongue LLC reserves the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain; should changes to our notice be made, a revised copy will be provided. In addition, you may request a copy of this notice from Tip of the Tongue LLC.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with Tip of the Tongue LLC, or with the U.S. Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our practice. Tip of the Tongue LLC will not retaliate against you for filing a complaint.

Please contact the following for more information:
 U.S. Department of Health and Human Services
 Office of Civil Rights (OCR)
 200 Independence Avenue, S.W.
 Washington, D.C., 20201
 Toll Free: Call Center 1-877-696-6775

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared. By signing below, you agree to the terms of the Tip of the Tongue LLC HIPAA Notice of Privacy Practices that fully explains the uses/disclosures we will make with respect to your child's individually identifiable health information. You also acknowledge that you have read this notice, been provided a copy, and had any questions regarding the notice answered to your satisfaction. You understand Tip of the Tongue LLC cannot disclose health information other than as specified in the notice.

Child's Name: _____

Parent/Guardian Name: _____ | Relationship to Child: _____

Signature _____ | Date: _____

Please Note: It is your right to refuse to sign this Acknowledgement.