

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW SPEECH INNOVATIONS OF CENTRAL FLORIDA, LLC MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Speech Innovations of Central Florida, LLC is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Speech Innovations of Central Florida, LLC or received by Speech Innovations of Central Florida, LLC from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice. Speech Innovations of Central Florida, LLC will abide by the terms of this Notice, or the Notice currently in effect at the time of the use of disclosure of your protected health information.<sup>1</sup>

Speech Innovations of Central Florida, LLC reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Speech Innovations of Central Florida, LLC may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration of all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies

Payment activities may include:

- Activities undertaken by Speech Innovations of Central Florida, LLC to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits of health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes, evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Speech Innovations of Central Florida, LLC is permitted or required to use or disclose your protected health information without your consent or authorization.

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<sup>1</sup> This Notice is prepared in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. 164.520

- As permitted or required by law. In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.
- We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state government agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.
- Patient healthcare records, including treatment records and HIV test results may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.
- We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death.
- We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.
- We may disclose your health information to the extent such records are reasonably related to any injury for which workers compensation is claimed.

Speech Innovations of Central Florida, LLC will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Speech Innovations of Central Florida, LLC has taken action in reliance thereon. Any revocation must be in writing.

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Speech Innovations of Central Florida, LLC to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing.

We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. A restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, or information compiled for use in a civil, criminal, or administrative action or proceeding. We may charge a reasonable fee for copying your records.

You may request that Speech Innovations of Central Florida, LLC not send information to a particular address or location or contact you at a specific location. This request must be submitted in writing.

Any person or patient may file a complaint with Speech Innovations of Central Florida, LLC and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. It is the policy of Speech Innovations of Central Florida, LLC that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.

This Notice of Privacy Practices is effective December 1, 2013

SPEECH INNOVATIONS OF CENTRAL FLORIDA, LLC  
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ acknowledge that I have received a copy of Speech Innovations of Central Florida, LLC Notice of Privacy Practices. This Notice describes how Speech Innovations of Central Florida may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

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Signature or Patient or Parent/ Guardian

Date

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Relationship to Patient