**HIPAA (Health Insurance Portability and Accountability Act of 1996)**

**NOTICE OF PRIVACY PRACTICES:**

*This notice tells you how your medical record may be used and shared and how you may get this information.*

**POLICY:**

*At* Neurobehavioral Speech Services *we understand that information about your health and program is personal. We are committed to protecting health information about you. When you register as a client, we create a record of your care and services you receive. We use this record to provide you with quality services and to comply with certain legal requirements.*

What is this document?:

This document, called a Notice of Privacy Practices, tells you how we may use and share your health information. This includes using and sharing it so we may provide you with health care and be paid for it, and so we may run our business and follow state and federal rules. We must follow the terms of this notice.

What is PHI:

PHI, or Protected Health Information, is any information that describes your health condition or the health care you may have received. This notice explains the ways that Neurobehavioral Speech Services may use and disclose the PHI that we create, collect or maintain in accordance with HIPAA. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

HIPAA requires us to:

* Make sure any of your PHI is kept private
* Give you this notice of our legal duties and privacy policy practices with respect to your PHI
* Notify you of a breach of your PHI, if such a breach occurs
* Follow the terms of the notice that is currently in effect.

Who follows this notice?:

This notice is for clients of Neurobehavioral Speech Services

**We May use and Disclose your Protected Health Information For:**

1. **Treatment:** We may use your PHI to provide you with services. We may disclose information about you to your other healthcare provides or family members.

For example:

* We may disclose your PHI to people such as family members or others who take part in your care, program, or treatment.
* We may disclose your PHI to health providers involved in taking care of you.

If we are permitted to do so, we may also disclose or allow access to your PHI to a health care provider you designate for follow-up care, care coordination, discharge planning, or for other treatment purposes.

1. **Payment:** We may use and disclose your PHI so the cost of the services you receive can be billed to health plans for you.

For Example:

* We may contact your insurance company to learn if a service is covered.
* We may bill you or your insurance company for the services we provide if we accept your insurance.

1. **Appointment Reminders:** We may use or disclose your PHI to remind you about appointments for services or treatments.
2. **Health-Related Benefits and Services:**  We may use and disclose medical information to tell you about treatment options, health-related benefits, or services that may be of interest to you.
3. **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
4. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a family member or other designated person who is involved in your medical care. We may also give medical information to someone who helps pay for your care. We may also disclose your condition or your child’s condition to family members if needed.
5. **As Required by Law:** We disclose your PHI when required to do so by federal, state, or local law.
6. **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
7. **Public Health Risk:** We may disclose your PHI for public health activities. These activities include the following:

* To prevent or control disease, injury, or disability
* To report births and deaths
* To report abuse or neglect
* To prevent or control a disease, injury, or disability
* To report medical devise safety issues and adverse events to the federal Food and Drug Administration’s MedWatch program
* Reporting disease or infection exposure.
* To notify appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

1. **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
2. **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process. We will disclose the information only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
3. **Law Enforcement:**  We may release information to a law enforcement official if required or permitted by law.
4. **Deceased Person Information:**  We may release medical information to a coroner or medical examiner, or a funeral director as necessary to carry out their duties.
5. **Specialized Government Functions:** We may release medical information about you to authorized federal officials for national security and intelligence, military or veteran’s activities required by law.

**USES OF MEDICAL INFORMATION THAT REQUIRE AUTHORIZATION:**

Disclosures of medical information that are not related to treatment, payment, or health care operations, or are not otherwise covered by this notice can be made only with your specific written authorization. You may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we will not be able to take back disclosures that have already been made with your prior permission.

**YOUR RIGHTS REGUARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

* **Right to Review and Copy:** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you or your child, you must submit a request in writing to us at: 28 Everett Street, Easthampton MA 01027.
* **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may request that the record be amended. You have the right to add a statement. To request an amendment, you must also submit your request in writing to us at: 28 Everett Street, Easthampton MA 01027. You must also state a reason to support your request.
* **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we have made about the medical information concerning you or your child. To request this list, you must submit your request in writing to us at 28 Everett Street, Easthampton MA 01027. Your request must state a specific time period for the list.
* **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you or your child for the purposes of treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or for the payment of your care, such as a family member or friend. We are not required by federal regulation to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you or your child with emergency treatment. To request restrictions, you must submit your request in writing to us at 28 Everett Street, Easthampton MA 01027.
* **Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request to be contacted only by US mail or at work. To request confidential communications, you must submit your request in writing to us at 28 Everett Street, Easthampton MA 01027. We will not ask you the reason for your request.
* **Right to a paper copy of this notice:** You have the right to a paper copy of this Notice. You may ask to receive a copy of this notice at any time. Even if you have received this Notice electronically, you are entitled to a paper copy of this Notice.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facilities and/or on our websites. The Notice will contain the effective date of the Notice on the first page. In addition, each time you receive new services from us, we will offer you a copy of the Notice in effect.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with Neurobehavioral Speech Services, you must submit your complaint in writing to us at 28 Everett Street, Easthampton MA 01027. If you wish to discuss your complaint, please call 413.399.9080. You will not be penalized in any way for filing a complaint.

­­­­­­­Parent/Legal Guardian/Client Date

Client’s name (please print) Date