The Literacy Loop

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: _____

This Notice of Privacy Practices ("Notice") describes the privacy practices of The Literacy Loop and Rebecca Pearson, M.S., CCC-SLP/L ("we," "us," or "our practice"). We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose health information about your child. Not every permitted use or disclosure is described; however, all uses and disclosures will fall within one of the categories below or as otherwise permitted by law.

Treatment

We may use your child's PHI to provide, coordinate, or manage health care and related services. For example, we may share information with other health care providers, schools, or specialists involved in your child's care(where permitted to do so). A speech-language pathologist providing care to your child may use health information to evaluate, diagnose, and treat communication and literacy disorders.

Payment

We may use and disclose your child's PHI to obtain payment for services. This may include providing a superbill or other billing documentation to you or your insurance carrier for out-of-network reimbursement purposes. The Literacy Loop does not bill insurance directly; however, we may prepare documentation for your use in seeking reimbursement.

Health Care Operations

We may use and disclose your child's PHI to support the business activities of our practice. These activities include quality assessment and improvement, clinical training, case consultation, and practice administration. For example, we may use health information to evaluate the quality of care provided and to ensure that we are serving our clients effectively.

As Required by Law

We will disclose health information about your child when required to do so by federal, state, or local law. This includes mandatory reporting obligations (e.g., suspected child abuse or neglect) and disclosures required by court order or legal process.

Other Permitted Uses and Disclosures

We may also use or disclose PHI without your written authorization as permitted or required by applicable law in the following circumstances:: public health activities; health oversight activities; judicial and administrative proceedings; law enforcement purposes; to coroners or medical examiners; for research purposes under specified conditions; to avert a serious threat to health or safety.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Any use or disclosure of your child's PHI not described in this Notice requires your written authorization.

This includes, but is not limited to: sharing records with your child's school (beyond what is legally required), sharing records with private evaluators or tutors, use of your child's information for marketing purposes, and any

sale of PHI. We will also obtain your written authorization for uses and disclosures related to psychotherapy notes (if applicable) and for any other uses requiring authorization under HIPAA.

You may revoke any authorization you have given us at any time, in writing, except to the extent that we have already taken action in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR CHILD'S HEALTH INFORMATION

You have the following rights with respect to your child's protected health information:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your child's PHI that is contained in our records. To request access, please submit a written request to the contact listed at the end of this Notice. We will respond to your request within 30 days of receipt (or as otherwise required by law). We may charge a reasonable fee for copies.

Right to Request Amendment

If you believe that health information we have about your child is incorrect or incomplete, you may request that we amend it. We may deny the request under certain circumstances. Any denial will be provided in writing.

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your child's PHI. We are not required to agree to your request. If we agree, we will comply with the restriction unless the information is needed for emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health information in a certain way or at a certain location. We will accommodate reasonable requests.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your child's PHI. This accounting covers disclosures made for purposes other than treatment, payment, and health care operations, as well as disclosures not authorized by you.

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please contact us to request a paper copy.

Right to Receive Notification of a Breach

You have the right to be notified in the event of a breach of your child's unsecured PHI.

OUR DUTIES

We are required by law to maintain the privacy of your child's PHI and to provide you with this Notice. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain. We will post the revised Notice and make a paper copy available upon request.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

To file a complaint with The Literacy Loop: Contact Rebecca Pearson, M.S., CCC-SLP/L at rebecca@literacyloopclinic.com

To file a complaint with the federal government: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201 | Toll Free: 1-877-6966775 | www.hhs.gov/ocr/privacy

CONTACT INFORMATION

Questions about this Notice or requests related to your privacy rights should be directed to:

Rebecca Pearson, M.S., CCC-SLP/L

The Literacy Loop
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