

SPEECH, LANGUAGE AND LEARNING SERVICES OF MARIN/SONOMA

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.

Effective date of Notice: 04/01/2003

We understand that your health information is personal. We are committed to protecting this information and are required by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common use of your health information is for treatment, payment or health care operations. Your health information is used routinely for the following purposes without any special authorization.

EXAMPLE OF TREATMENT: Setting up appointments, evaluations and on-going therapy receiving reports from other sources to aid us in treatment.

EXAMPLE OF PAYMENT: Preparing and sending bills or claims, collecting unpaid amounts (either ourselves or through a collection agency).

EXAMPLE OF HEALTH CARE OPERATIONS: Financial or billing audits, internal quality assurance, participation in managed care plans, defense of legal matters, business planning, and outside storage of records.

USES AND DISCLOSURE FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to our office. Such uses or disclosures are:

- When a state or federal law mandates that certain health information is reported for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation, or surveillance, and notices to and from the Federal Food and Drug Administrations regarding drugs or medical devices.
- Uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws.
- Disclosure to governmental authorities on victims of suspected abuse, neglect or domestic violence.
- Disclosure for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.
- Disclosure to law enforcement official if required or permitted by law.
- Uses and disclosures to prevent a serious threat to health or safety.
- Disclosure of medical information about you to authorized federal officials for national security and intelligence, military or veteran's activities required by law.
- Disclosures relating to workers' compensation programs.
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

APPOINTMENT REMINDERS

We may call or write to you to confirm a scheduled appointment, or that it is time to make an appointment. We may also call or write to notify you of other treatments or services available at our office that might help you.

OTHER USES AND DISCLOSURES

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 not 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 any disclosures that we have already made with your prior permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding medical 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.
- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request if you ask us to amend information that is not part of the information, which you would be permitted to inspect and copy. Or we believe that the information is accurate and complete.
- Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" This is a list of the disclosures we made of medical information about you that are not related to treatment, payment, or health care operations, and for which we were not required to obtain your authorization.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. Current copies of this notice will be available at any time during business hours, at the front desk and are posted on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by contacting the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201. You may also contact the Deborah Madrigal, Privacy Officer, at (415) 479-7880, or write to 30 N. San Pedro Road, Suite 265, San Rafael, CA 94903. We will not retaliate against you in any way for filing a complaint.

Signature _____ Date _____