



HIPAA & YOUR PRIVACY RIGHTS

The Speech Pathology Group, Inc.'s Notice of Privacy Practices

SPG strongly believes in doing everything possible to safeguard the privacy and security of your health information and records. 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.

Our Legal Responsibility

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect July 2019, and will remain in effect until we replace it.

We are required to provide you notice in the event of a breach of your unsecured health information.

We reserve the right to change our privacy practices and terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact The Speech Pathology Group, Inc. using the information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or

credentialing activities. This may include contractors who have signed a written agreement to protect your health information.

Protecting Your Security:

We have policies, procedures, and systems in place to keep your electronic, written, and oral health information secure. Medical records and patient information are stored in locked areas with limited access. In addition, medical, claims, and other sensitive information in data systems are protected by network security safeguards such as firewalls, anti-virus software, and passwords. Staff members who have access to such information are trained and monitored for compliance within confidentiality and security guidelines.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose our health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Client and Family Rights: You have the right to receive services in a manner free from abuse, retaliation, humiliation, neglect and financial or other exploitation.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law, Law Enforcement, and Legal Process: We may use or disclose your health information when we are required to so by law, when requested by law enforcement, or in response to a legal process request, such as a subpoena.

Abuse, Neglect, or Serious Threats: We may disclose your information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.).

Patient Access: You have the right to look at or get copies of your health information in paper or electronic form with limited exceptions. There may be a cost for this service. We will provide you access to your health information within five working days of your request and copies of your records within 15 days of your request.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. If you pay for a service entirely out-of-pocket, you may request that information regarding the service be withheld and not provided to a third party payor for purposes of payment or health care operations, and we are obligated by law to abide by such restriction. Otherwise, we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make this request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation on how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. You cannot change the existing wording on record, but may add notes or comments on any procedures, treatments, or payments. (Your request must be in writing, and it must explain why the information should be amended.)

Paper Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in paper form as well upon request.

Questions or Complaints: If you want more information about The Speech Pathology Group, Inc.'s privacy practices, or have questions or concerns, please call the compliance line at (925) 945-1474 x 145. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may send a formal written notice to our compliance officer at 2021 Ygnacio Valley Road, Suite C-202, Walnut Creek, CA 94598, Attention: Jill Walson, Director of Clinics. You also have the right to report any violations to the Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201.