

Notice of Privacy Practices

Effective Date: May 20, 2013

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.

1. Twomey Speech & Language Services Legal Obligations regarding Medical Information

Twomey Speech & Language Services understands that the privacy of your medical information is personal and we are committed to protecting it. Karen W. Twomey, Speech-Language Pathologist makes a record of the treatment you receive in each session in order to provide you with quality services and comply with certain legal requirements. This Notice tells you about the ways we may use and share medical information about you. It also describes your rights and certain responsibilities we have regarding the use and disclosure of medical information. As a licensed Speech-Language Pathologist, Karen W. Twomey of Twomey Speech & Language Services, provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (PL 104-191) also known as HIPAA. You will be asked to sign an acknowledgement form that you have received this Notice.

2. Legal Responsibilities:

Law Requires Us to:

1. Keep your medical information private. Medical information or “protected health information” (PHI) that is referred to in this notice includes any information that identifies you, including your name, address, social security number, insurance information, diagnosis, and any clinical information included in your medical record.
2. Give you this notice describing our legal responsibilities, privacy practices, and your rights about your medical information,
3. Follow the terms of the current notice.

We Have Right to:

1. Change our privacy practices and terms of this notice at any time, as permitted by law.
2. Make the changes to our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make a change to our notice of privacy practices, we will post a copy of the new notice in our office. The amended notice will include the effective date on its first page. A copy of the new notice will be available upon request.

2. This Notice Describes the Practice's Policies, Which Include:

-Any health care professionals, staff, and other personnel that work for or with the practice, including student interns, or volunteers who my assist you at the practice.

-Our business associates, who are those who create, receive, maintain or transmit protected health information on behalf of the practice (including for example: billing services, accountants, attorneys, patient safety organizations, or facilities / companies to which we refer clients).

3. How Your Medical Information May Be Used or Shared Without Your Authorization

The following paragraphs describe different ways that we use and disclose medical information. Not every use or disclosure will be presented. The list includes all the different ways we are allowed to use and disclose protected health information. We will not use or disclose your information for any reason not listed below, without your specific written permission. Any specific written permission you provide may be revoked at any time by writing to us at the address at the end of this notice.

For Treatment: We may use health information about you to provide you with treatment or therapy services. We may share your medical / diagnostic evaluation / therapy information with doctors, other health care providers, and other people who are taking care of you to assist them in treating you.

For Payment: We may use and share medical information for payment purposes. A bill may be sent to your insurance company or other payer to receive payment for services. The information on or accompanying the bill may include your health information.

For Health Care Operations: We may use and share your health information for our daily practice operations including any patient safety activities to ensure our clients receive quality services. For example, we may use your health information to measure and improve quality of care, conduct trainings, and improve the performance of employees. It may also include getting the licenses, certificates and credentials we need to serve you. It may also include calling you by name in the waiting room. We may share your health information with our attorney, accountant, and others to ensure we comply with the laws that govern us. Only minimum disclosures will be provided as necessary. All of our business associates are obligated to protect the privacy of your information and are not permitted to use or disclose any information other than for practice health care operations. Business associates of the practice will assure the practice that they will properly safeguard your protected health information by providing written confirmation of this to the practice as required by law.

Notification / Individuals Involved with Your Care or Payment for Your Care: Using our best judgment, we may share health information with a person who is involved in your medical care or payment for your care, such as a family member, care giver, or close friend. We will use our professional judgment to make decisions in your best interest about allowing someone to pick up health information for you. We will share information about your location, general condition, or death. We will get your permission if possible before we share if you are present, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will only share the health information that is directly necessary for your health care.

Appointment Reminders: We may share your health information when we contact you to remind you of your appointments with us. Reminders may be sent by phone, voicemail message, e-mail, or by postal mail. If you do not wish to receive reminders, please notify us.

Special Situations:

We may also use and share medical information for the following purposes:

Health Related Benefits and Services, and Treatment Alternatives: We may use and disclose medical information to provide you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives. There may be some services provided through contracts with business associates. An example would be companies we use to provide communication devices. When these services are contracted, we may share your clinical information to our business associates so that they can perform the job we have asked them to do. We require the business associates to safeguard your health information by requiring them to agree in writing to safeguard your health information.

Public Health Activities: We may disclose your health information as required by law to public health or legal authorities involved with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also share your medical information to individuals within the Food and Drug Administration to report medical device and safety issues. When we are authorized by law, we may notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading disease.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to appropriate authorities if we reasonably believe there is a possibility that you are a victim of abuse, neglect, or domestic violence or the possible victim of another crime. We share your health information if it is needed to prevent a serious threat to your safety or health or the safety and health of others. When needed, we may share health information to assist law enforcement officials secure a person who has admitted responsibility for a criminal offense or has escaped from legal custody.

Court Orders, Administrative and Judicial Proceedings: As required by law, we will share your health information when directed by federal, state, court or local law enforcement authorities.

Health Oversight Activities: We may disclose health information to an agency that provides health oversight for oversight procedures directed by law, including audits, civil, administrative, or criminal investigations, inspections, licensure, disciplinary actions, or other authorized tasks. These tasks are necessary for the government to monitor the health care system, government programs, and comply with civil rights laws.

Worker's Compensation: We will share your health information when necessary or authorized to comply with laws related to worker's compensation or other similar programs. These programs provide benefits for work-related injuries or illness.

Government Functions: We may disclose health information of military personnel and veterans following the requirements of military command authorities, or to determine your eligibility for benefits by the Department of Veterans Affairs.

Death Notification: We may share health information about a person who has died with the coroner, medical examiner, or funeral director when necessary and appropriate.

4. Your Prior Written Authorization is Required for Other Uses and Disclosures.

Your written permission for the practice to use or share your health information is required for any situation that is not listed on this notice, and you will be asked to sign a Release of Information Form to allow us to share your health information. If you provide us with permission to disclose your health information, you may revoke that permission, in writing, at any time. If you withdraw your authorization, we will not use or disclose your health information for the reasons addressed by your written permission. Please know that we are not able to take back any information we have already shared before we received your revocation letter. We are responsible to maintain our records of the treatment that we provided to you.

5. Your Individual Privacy Rights

You have a right to:

Inspect and Copy: Look at or get copies of certain parts of your health information. You must make your request in writing. If you request copies and want the copies mailed to you, we may charge you for postage. If preferred, you may receive a copy of your health information in electronic form (daily notes, progress notes, evaluation reports, etc.). You may not be able to see or copy copyrighted materials, such as test protocols, or information compiled for a court case. A full explanation of our fee structure is available by contacting us using the information listed at the end of this notice.

Amend: You may request us to change your health information you think is incorrect in our record and you may ask that we add information that is missing. Your request to change or add health information must be made in writing and you must give us a reason for the change. We may deny your request for the following reasons: if you ask us to amend information that was not created by us, if it is not information kept by or for the practice, if it is not health information you are permitted to inspect and copy, or if the health information is accurate and complete.

An Accounting of Disclosures: Receive a list of all the times we or our business associates shared your medical information for purposes other than for treatment, payment, and health care operations, and other specified exceptions.

Request Restrictions: Request that we place additional restrictions on our use or sharing of your health information for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in the case of an emergency. You have the right to restrict certain disclosures of health information to your medical health insurance plan when you pay out of pocket in full for health care / speech-language services. Your written request to the contact person at the end of this notice should indicate what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.

Research: Provide your informed consent and written authorization prior to sharing your health information for research purposes. Your health information will only be used or disclosed to researchers when the practice determines the protocols are in place to ensure the privacy of your health information.

Request Confidential Communications: Request that we communicate with you about your health information by different means or to different locations. For example, you may want us to call you rather than using e-mail, or you may want us to contact you only through your home phone number. You may request that we not leave voice mails. Your request that we communicate your health information to you by different means or at different locations must be made in writing to the contact person at the end of this notice. When Twomey Speech & Language Services sends information about health information electronically, it is done with safeguards to insure confidentiality; however, it is important to understand that e-mail communication is not entirely confidential. All e-mails are kept in the logs of Internet service providers.

Notification Regarding a Breach of Unsecured Protected Health Information: Should there be a violation to your privacy rights, you have a right to be notified following the impermissible use or disclosure of your protected health information.

A Paper Copy of This Notice: If you received this notice electronically, and wish to have a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.

6. Questions and Complaints

If you have questions about this notice, or if you think that we may have violated your privacy rights, please contact us in writing without fear of retaliation. We request that your complaint contain enough specific information so that we may investigate adequately and respond appropriately to your concerns. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with this address upon request. You may contact us to submit a complaint or submit a request involving any of your rights in Section 5 of this notice to the following address:

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