Notice of Privacy Practices

CONFIDENT COMMUNICATORS SPEECH THERAPY LLC

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Atlanta, GA 30342
(585) 749-2793

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care maintained by Confident Communicators Speech Therapy LLC. This Notice describes the ways in which I may use and disclose health information about you. It also describes your rights regarding the health information I maintain and my legal obligations concerning the use and disclosure of that information.

I am required by law to:

• Maintain the privacy of Protected Health Information ("PHI") that identifies you.

• Provide you with this Notice of my legal duties and privacy practices regarding health information.

• Follow the terms of the Notice currently in effect.

I reserve the right to change the terms of this Notice. Any changes will apply to all information I maintain about you. Updated versions of this Notice will be available upon request and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I may use and disclose health information. Not every use or disclosure will be listed; however, all permitted uses and disclosures will fall within one of these categories.

Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient to use or disclose protected health information without written authorization for treatment, payment, and health care operations.

For example, I may use or disclose PHI to:

• Provide speech-language, feeding, AAC, and related therapeutic services.

• Coordinate care with physicians and other health care providers involved in treatment.

• Consult with other licensed professionals regarding treatment recommendations.

• Prepare invoices, superbills, and other documentation necessary for payment.

• Conduct administrative, quality assurance, and business operations activities.

Disclosures for treatment purposes are not limited to the minimum necessary standard because health care providers often require complete information to provide appropriate care. Treatment includes coordination of care, consultation between providers, and referrals to other health care professionals.

Lawsuits and Disputes

If you are involved in a lawsuit or legal proceeding, I may disclose health information in response to a court order, administrative order, subpoena, discovery request, or other lawful process as permitted by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Personal Notes

I may maintain personal notes regarding treatment planning, clinical observations, professional impressions, or ideas for future therapy sessions. These notes are maintained separately from the medical record and are used solely for professional purposes as permitted by law.

Marketing Purposes

As a health care provider, I will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of PHI

I do not sell protected health information.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal requirements, I may use and disclose PHI without your authorization for the following purposes:

• When required by federal, state, or local law.

• For public health activities, including reporting suspected child abuse, neglect, or other situations required by law.

• To prevent or lessen a serious threat to health or safety.

• For health oversight activities such as audits, inspections, investigations, and licensure reviews.

• For judicial and administrative proceedings as permitted by law.

• For law enforcement purposes when required or authorized by law.

• To coroners, medical examiners, or funeral directors carrying out duties authorized by law.

• For approved research activities, when permitted by law and subject to appropriate privacy protections.

• For specialized government functions, including military, national security, and correctional institution activities authorized by law.

• For workers' compensation purposes as required by applicable laws.

Appointment Reminders and Health-Related Services

I may use and disclose your PHI to:

• Contact you regarding appointments.

• Remind you of scheduled services.

• Inform you about treatment alternatives or health-related services that may be of interest to you.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to Family Members, Friends, and Others Involved in Your Care

I may disclose relevant health information to a family member, friend, caregiver, or other person involved in your care or payment for your care unless you object. In emergency situations, permission may be obtained retroactively when permitted by law.

VI. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI:

The Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI. I am not required to agree to every request but will comply when required by law.

The Right to Request Restrictions for Services Paid Out-of-Pocket in Full

You may request that information regarding services paid entirely out-of-pocket not be disclosed to a health plan for payment or health care operations purposes.

The Right to Request Confidential Communications

You may request that I communicate with you in a particular way or at a specific location. I will accommodate reasonable requests.

The Right to Access Your Records

You have the right to inspect and obtain an electronic or paper copy of your medical record and other information maintained about you. Other than personal notes maintained separately from the medical record as permitted by law, I will provide access within 30 days of receiving your written request. A reasonable cost-based fee may apply.

The Right to Receive an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made during the previous six years. I will provide one accounting per year at no charge. Additional requests may be subject to a reasonable fee.

The Right to Request Amendment of Records

If you believe information in your record is incorrect or incomplete, you may request that it be amended. I may deny the request in certain circumstances but will provide a written explanation.

The Right to Obtain a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

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You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect your care, and you will not be retaliated against for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This Notice became effective on March 1, 2026.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.