

**NOTICE OF PRIVACY****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**

This Notice describes the practices at all our offices, as well as the practices of the medical staff who provide services at Central Delaware Speech-Language Pathology, Inc. If you have any questions about this notice, please contact the Central Delaware Speech-Language Pathology, Inc. Officer Manager.

**CENTRAL DELAWARE SPEECH-LANGUAGE PATHOLOGY, INC. LEGAL RESPONSIBILITIES**

We are required by applicable federal and state law to maintain the privacy of your health information, including demographic information that may identify you that relates to your past, present or future physical health and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. This notice takes effect April 14, 2003, and will remain in effect until any changes are made. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. The new notice will be effective for all Protected Health Information, (PHI) we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy. This can be obtained through verbal request or at the time of your appointment.

**I. USES AND DISCLOSURES OF YOUR PHI**

**FOR TREATMENT:** We may use and disclose your health information to provide medical treatment or services. We may use or disclose your health information to a physician or other healthcare providers providing you treatment. We may disclose your medical information to providers (e.g. physicians, nurses, pharmacist's, physical therapist's and other health care facilities involved in your treatment).

**FOR PAYMENT:** Your PHI will be used, as needed, to obtain payment for treatment and services you receive at Central Delaware Speech-Language Pathology, Inc. Central Delaware Speech-Language Pathology, Inc. may bill and receive payment from you, an insurance company or a third party. For example, we may need to give your health plan information regarding your treatment in order for your plan to reimburse you or us for services rendered, to obtain prior approval for services or determination of covered benefits. In order to manage your care and treatment, we will also disclose your PHI to worker=s compensation and auto carriers, adjusters, nurse case managers, employers, disability carriers, attorneys and your various insurance companies.

**FOR HEALTHCARE OPERATIONS:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, employee review activities, training of medical students, conducting training programs, accreditation, certification and licensing or credentialing activities. For example, we may disclose your PHI to medical school students at our office. In addition, we may have you sign in at the registration desk indicating your physician. We may also call you by name from the waiting room when the speech language pathologist or behavioral analyst is available. We may use or disclose your PHI necessary to contact you to remind you of your appointment. We will share your PHI with third party business associates that provide activities, such as billing and transcription services for the practice. Whenever an arrangement between the office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected information.

**APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder of an appointment for treatment or medical care. Unless you object, we may leave a message on an answering machine in order to contact you or provide you with appointment reminders. No details regarding your diagnosis or treatment will be left on an answering machine.

**YOUR AUTHORIZATION:** Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this, 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 written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **II. OTHER USES AND DISCLOSURES OF YOUR PHI FOR WHICH AUTHORIZATION IS NOT REQUIRED**

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may disclose your PHI to a family member, other relative, friend or any other person involved in your medical care if we: 1) obtain your agreement; 2) provide you with the opportunity to object to the disclosure, and you do not object; or 3) we reasonably assume that you do not object. If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person's involvement with your health care or payment related to your health care. We may also disclose your PHI in the event of an emergency or to notify (or assist in notifying) such persons of your location, general condition or death. We may release information to persons named in any durable health care power of attorney or similar document provided to us.

**LAW ENFORCEMENT, LAWSUITS & DISPUTES:** We may release medical information if asked to do so by law enforcement officials in response to a valid court order, subpoena, discovery request, warrant, summons or similar process. We will disclose medical information about you when required to do so by federal, state or local law. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a valid court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**MILITARY, VETERANS, NATIONAL SECURITY:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may disclose to authorize federal officials health information required for lawful intelligence, counter intelligence and other national security activities.

**PUBLIC HEALTH ACTIVITIES:** We may disclose medical information about you for public health activities. These activities generally include the prevention of controlled diseases, injury or disability; to report a death; to report reactions to medications or problems with products; or to notify people of recalls of products they may be using. We may also notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence or the possible victim of other crimes. We will only make this disclosure if you agree or when required or authorized by law. We may disclose your health information to the extent necessary to avert a serious threat to your health or the health or safety of others.

**CORONERS, MEDICAL EXAMINERS & FUNERAL DIRECTORS:** We may release medical information to a coroner, medical examiner or funeral director. This may be necessary to identify a deceased person or determine cause of death.

**RESEARCH PURPOSES:** We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols address the privacy of your PHI.

**WORKER'S COMPENSATION:** We may disclose your PHI as authorized by state law relating to worker's compensation or other similar programs.

**INMATES:** If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others; or to obtain payment for services provided to you.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system and government programs.

## **III. USES AND DISCLOSURES REQUIRING YOUR SPECIFIC WRITTEN AUTHORIZATION**

For any purpose other than the ones described above, we may use or disclose your PHI only when you give Central Delaware Speech-Language Pathology, Inc. your specific written authorization. The following are examples of other uses or disclosures for which your specific written authorization is required:

**HIGH CONFIDENTIALITY INFORMATION:** Federal and state law require special privacy protections for certain highly confidential information about you. This includes PHI: (1) maintained in psychotherapy notes; (2) documenting mental health and developmental disabilities services; (3) about drug and alcohol abuse, prevention, treatment and referral; (4) relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted

diseases; and (5) genetic testing.

Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

#### **IV. PATIENT RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding medical information we maintain about you.

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing or complete one of our release forms. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, chart retrieval or other supplies we use to fulfill your request. We ordinarily will respond to your request within 30 working days if the information is located in our facility. If your information is in our off site storage facility, we may require an extension with respect to the time limits for providing access. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay. The right to inspect your medical information will be carried out in a private room with a privacy officer or an appointed Central Delaware Speech-Language Pathology, Inc. representative.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we deny part or your entire request, we will provide a written denial that explains our reasons for doing so, and a description of your rights to have that decision reviewed and how you can exercise those rights. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

**RIGHT TO AMEND:** You have the right to request that we amend your PHI maintained in your medical or billing records. You have the right to request an amendment for as long as the information is kept. Your request to amend must be made in writing and you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that was not created by us, if it is not part of the medical information kept by Central Delaware Speech-Language Pathology, Inc., if it is not part of the information which you would be permitted to inspect for copy or 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. The list does not include uses and disclosures that have been made for treatment, payment, or health care operations, or disclosures that were made to you or with your authorization or consent. You must submit your request in writing. Your request must state a time period no longer than six years and may not include dates before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Central Delaware Speech-Language Pathology, Inc. office manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**RIGHT TO CONFIDENTIAL COMMUNICATIONS:** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. You must make your request in writing. You are not required to provide us with an explanation, however, your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**RIGHT TO REVOKE YOUR AUTHORIZATION:** You may revoke your authorization, except to the extent that we have already used or disclosed your PHI. The revocation must be in writing and is not effective until it is returned to the Office Manager at Central Delaware Speech-Language Pathology, Inc. In addition, a written revocation is not effective with respect to actions CDSLP took in reliance on a valid authorization, or where the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest

a claim under the policy or the policy itself.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. To obtain another copy of this Notice, request a copy from the Central Delaware Speech-Language Pathology, Inc. Office Manager in writing.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our waiting rooms. This notice will contain on the first page, in the top right-hand corner, the effective date.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided.

**QUESTIONS AND COMPLAINTS**

If you desire further information about your privacy rights, are concerned that your privacy rights were violated, or disagree with a decision that we made about access to your PHI, you may contact our Office Management at:

Office Manager  
Central Delaware Speech-Language Pathology, Inc.  
1326 South Governors Avenue, Suite C  
Dover, DE 19904  
302-674-3350

We support your right to the privacy of your health information. We will not penalize you in any way if you choose to file a complaint with us.

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CDSLP guardian

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CDSLP client