

*Darcy B. Kelley, MA, CCC-SLP
Pathways to Communication*

*Washington State licensed
and nationally certified
speech and language pathologists*

Kirkland, Washington

NOTICE OF PRIVACY PRACTICES

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 practice understands that your personal health information is sensitive and personal. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the information we create and obtain in providing our care and speech pathology services to you. Examples of your protected information includes test results, diagnoses, treatment and information obtained from other providers, as well as billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and related therapeutic care. State law requires us to get your authorization to disclose this information for payment purposes. This authorization is clearly stated on the patient registration form.

Examples of use and disclosures of protected health information for treatment, payment operations:

For Treatment:

Information we obtain will be recorded in your client file and used to help decide what care may be right for you.

We may also provide information to others providing you care for the purpose of helping them stay informed about your care. It is a generally standard of our practice to tell you of conversations we have with others regarding treatment.

For Payment:

Health insurance plans need information from us about your medical care. Information provided to health plans may include diagnoses, test results, reports documenting medical necessity for treatment, assessment and progress reports, therapy plans, progress charts, and recommended treatment.

For Speech Therapy/Health Care Operations

We use your medical records to assess quality and improve services.

We may use and disclose medical records to review the qualifications and performance of providers and to train staff.

We may contact you to remind you about appointments and give you information about treatment alternatives and other related services.

We may use and disclose your information to conduct or arrange for services, including: Medical quality review by your health plan, accounting, legal, risk management, and insurance services, audit functions including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of the practice. The protected health information in it, however, generally belongs to you. You have a right to:

Receive, read and ask question about this Notice.
Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted.

Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information.

Request that you be allowed to see and get a copy of your protected health and therapy information. You may make this request in writing.

Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.

When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors (e.g., insurance companies, trust funds etc.).

You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once every 12 months.

Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing.

Cancel Prior authorizations to use or disclose health and therapy information by giving us a written revocation. Such revocation does not affect information that has already been released. It also does not affect any action taken before we have received and reviewed it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

If you have any questions regarding these rights, want more information or want to report a problem about the handling of your protected health information, please contact your treating speech pathologist directly at 425 210 6962 or other phone number provided to you.

Our Responsibilities

We are required to:

Keep your protected health information private.

Give you this notice

Follow the terms of this notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of the Notice by calling and asking for it or by visiting our office to pick one up.

If you believe your privacy rights have been violated, you are encouraged to discuss your concerns with any staff member. You may also deliver a written complaint to our office. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us. If you complain, we will not retaliate against you or jeopardize your care in any way.

We May Use and disclose your protected health information without your authorization as follows:

With Medical Researchers: if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

To Funeral Directors/Coroners: As is consistent with applicable law to allow them to carry out their duties.

To the Food And Drug Administration (FDA) relating to problems with food, supplements and products.

For Public Health and Safety Purposes as Allowed or Required by Law: To prevent or reduce a serious, immediate threat to the health or safety of a person, or the public.

To public health or legal authorities: to protect public health and safety. To prevent or control disease, injury or disability.

To report suspected abuse or neglect to public authorities.

To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.

For Law Enforcement Purposes: such as when we receive a subpoena, court order or other legal process, or you are the victim of a crime.

For Health and Safety Oversight Activities.

For Disaster Relief Purposes.

To The Military Authorities of US and Foreign Military personnel.

In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.

For Specialized Government Functions. For example we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

Uses and Disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Darcy B. Kelley, MA, CCC-SLP

Kirkland, WA

Pathways to Communication

425 210-6962/866-941-4621 FAX

Date: _____ Client: _____

Parent or Legal Guardian: (Print name): _____

I have been presented with a copy of the Privacy Practices for Pathways to Communication:

Signature: _____

Therapist: _____