

Center for Speech, Language and Learning, Inc.

6230 Tenth St., Suite 220

Oakdale, MN 55128

651-739-2300

Notice of Privacy Practices

1. **Protected Health Information (PHI):** We are committed to the privacy and confidentiality of your health information whether created by us or maintained on these premises. State and federal regulations require that policies and procedures be implemented to safeguard your health information. Copies of all of our privacy policies are kept in this business office. Information about your past, present, or future health condition, provisions of healthcare, or payment for treatment you receive is considered PHI. We are required to provide you with a copy of this privacy notice that contains information regarding our privacy practices and how, when and why we may use or disclose your PHI and your rights regarding such disclosures. We reserve the right to change this notice at any time and will make the revised or changed notice effective immediately. We will post the updated copy in our waiting area and make available an updated copy for your personal records as well.
2. **Use and Disclosure of your PHI:** We have a limited right to use and/or disclose your PHI for the purposes of treatment, payment, or for the operations of this facility. Other uses will require written authorization from you to release your PHI unless the law permits or requires us to make this use or disclosure without your authorizations. If it becomes necessary to release protected health information to an outside party, we will require that party to have a signed agreement with us stating that they will extend the same degree of privacy protection for your information as we do. The following describes some different ways we may need to release or disclose your PHI without your consent or authorization.
 - a. **Use and Disclosure related to treatment:** We may disclose your PHI to those involved in provided rehabilitation and medical care service and treatments to you. We may also disclose your PHI to outside entities related to your treatment such as physicians, home health agencies, hospice agencies, family members, etc.
 - b. **Use and disclosure related to payments:** We may use or disclose your PHI to bill and collect payment for services or treatments we provide to you.
 - c. **Use and disclosure related to health care operations:** We may use or disclose your PHI to perform certain functions within this facility.
 - d. **Use and disclosure related to treatment alternatives, health related benefits and services:** we may use or disclose PHI for purposes of contacting you to inform you of treatment alternatives or health related benefits and services that may be of interest to you.
3. **Uses and Disclosures Requiring Your Written Authorization:** For uses and disclosures of your PHI beyond treatment payment, and operation purposes, we are required to have your written authorization, except as permitted by law. You have the right to revoke an authorization at any time to stop future disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing. The name, address, and telephone number of the person to contact is located on the last page of this document. You may use our form to submit your request. Copies of these forms are available in our office.
 - a. Examples are: request to provide your PHI to an attorney for use in a civil litigation claim; an insurance or pharmaceutical company for the purpose of provide you with information relative to benefits or new medications that may be useful or of interest to you; a request to provide certain information to another individual or facility
4. **Uses or Disclosures of Information Based Upon Your Verbal Agreement:**
A limited amount of your PHI may be disclosed if we provide you in advance with oral or written notice without your objection. If there is an emergency situation and you are unable to be located, disclosure may be made if it is consistent with any prior expressed wishes and disclosure would be in your best interest. Only pertinent information related to the situation would be disclosed. You will be informed of any disclosures and given an opportunity to object to any further disclosures.
5. **Uses and Disclosures of Information that do NOT require your authorization:**

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The following are uses and disclosures of your PHI we may make without your consent or authorization:

- 1) When required by law,
- 2) For public health activities for the purpose of preventing or controlling disease, injury or disability.
- 3) For health oversight activities.
- 6) For specific government functions i.e. military personnel and veterans.

6. Your rights regarding your PHI are:

- a. To request restrictions on uses and disclosures on your PHI
- b. To inspect and copy your medical and billing records
- c. To amend or correct your health information:
 - i. Requests must be submitted in writing.
 - ii. Written requests must contain a reason to support your request.
 - iii. Amendments and corrections must be part of the health information kept by this facility.
 - iv. Information must also be accurate and complete
- d. To request confidential communication, you must:
 - i. Notify us in writing
 - ii. Indicate what information you wish to limit
 - iii. Indicate whether or not you wish to limit or restrict our use or disclosure of such information
 - iv. Identify to whom the restrictions apply e.g. which family members, agency, etc.
- e. To request an accounting of disclosures of PHI.
- f. To receive a paper copy of this notice

7. How to file a complaint about our privacy practices

If you have reason to believe that we might have violated your privacy rights, or you disagree with a decision made concerning access to your PHI, you have the right to file a complaint with us or to **The Secretary of the Department of Health and Human Services**. Complaints may be filed with out fear of retaliation in any form. Complaints may be submitted in writing to:

Laurie Johnson

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