



Established 1993

t/a Speech, Language and Education Services of Prince William and Loudoun Counties

Federal Tax Identification Number: 54-1676938

* Speech/Language Evaluations and Therapy * Academic & Remedial Tutoring *

* Educational Consultations * IEP Development & Consultations *

* Autism Home/School Programs- Specialty: Applied Behavior Analysis (ABA) with Verbal Behavior Emphasis *

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Notice of Speech-Language Pathologists' and Behavior Analysts' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW SPEECH, LANGUAGE, BEHAVIORAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”
 - –Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or other involved professionals / therapists.
 - –Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer or other agency to obtain reimbursement for your health care or to determine eligibility or coverage.
 - –Health Care Operations are activities that relate to the performance and operation of the practice. Examples of health care operation are quality assessments and improvement activities, business-related matters such as

audits and administrative services, and case management and care coordination.

- “*Use*” applies only to activities within the practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization from you before releasing your speech and language therapy notes and/or behavioral consultation notes. “*Speech and Language Therapy notes*” and “*Behavioral Consultation*” are notes we have made about our conversation during a private or group session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or speech and language therapy/behavioral notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reason to suspect that a child is abused or neglected, we are required by law to report the matter immediately to the Department of Social Services.
- **Adult and Domestic Abuse:** If we have reason to suspect that an adult is abused, neglected or exploited, we are required by law to immediately make a report and provide relevant information to the Department of Welfare or Social Services.
- **Health Oversight:** The Virginia Department of Health Professions, American Speech-Language Hearing Association and the Behavior Analyst Certification Board have the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and

treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena (of which you have been served, along with the proper notice required by state law). However, if you move to quash (block) the subpoena, we are required to place said records in a sealed envelope and provide them to the clerk of court of the appropriate jurisdiction so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

- **Serious Threat to Health or Safety:** If we are engaged in our professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and we believe you have the intent and ability to carry out that threat immediately or imminently, we must take steps to protect third parties. These precautions may include (1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18; or (2) notifying a law enforcement officer.

IV. Patient's Rights and Speech-Language Pathologists' Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI and speech and language therapy notes in our cumulative and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided

consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.

- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Speech-Language Pathologist's and Behavior Analyst's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a revised notice by mail or at our next scheduled appointment if one is scheduled in the near future.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Nikia Dower, MS, CCC-SLP/L, BCBA at 540-687-5412 or 703-618-2272.

If you believe that your privacy rights have been violated and wish to file a complaint with the office, you may send your written complaint to 9845 Business Way, Manassas, VA 20110. Additionally, you may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201, the Virginia Department of Health Professions at 6603 West Broad St., 5th Fl. Richmond, VA 23230-1712, the American Speech-Language Hearing Association at 10801 Rockville Pike Rockville, Maryland 20852 and/or the Behavior Analyst Certification Board at Metro Building - Suite 102 1705 Metropolitan Boulevard Tallahassee, Florida 32308-3796. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went go into effect on April 1, 2003 and was revised on September 1, 2005. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail or at our next scheduled appointment if one is scheduled in the near future.

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my (or my child's) protected health information by Dower and Associates, Inc. for the purpose of diagnosing or providing treatment to me (or my child), obtaining payment for my healthcare bills, or, conducting the healthcare operations of the practice. I understand that diagnosis or treatment of me (or my child) by Dower and Associates, Inc. may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction regarding how my child's or my protected health information is used or disclosed to carry out treatment, payment, or, healthcare operations. Dower and Associates, Inc. is not required to agree to the requested restriction; however, if Dower and Associates, Inc. agrees with the requested restriction, the restriction may be binding on them. I have the right to revoke this consent in writing at any time, except to the extent that Dower and Associates has taken action in reliance on this consent.

My (or my child's) "protected health information" means health information, including demographic information collected from me or my child and created or received by Dower and Associates, Inc. This protected health information relates to my (or my child's) past, present, or future physical or mental health or conditions and identifies my child or me, or there is a reasonable basis to believe the information may identify my child or me.

I understand that I have the right to review Dower and Associates, Inc.'s notice of privacy practices before signing this document. The Notice of Speech-Language Pathologists' and Behavior Analysts' Policies and Practices to Protect the Privacy of Your Health Information has been provided to me and is available in Dower and Associates, Inc.'s office. The notice of privacy practices describes the types of uses and disclosures of my protected health information that will occur in my child's or my treatment, payment of bills or in the performance of healthcare operations in Dower and Associates, Inc.'s practice. The notice of privacy practices also describes my rights and Dower and Associates, Inc.'s duties with respect to protected health information.

Dower and Associates, Inc. reserves the right to change the privacy practices that are described in the Notice of Speech-Language Pathologists' and Behavior Analysts' Policies and Practices to Protect the Privacy of Your Health Information. I may obtain a revised notice from Dower and Associates, Inc.'s office at my next scheduled appointment or by mail at my request.

Client's Name (printed)

Signature of Client or Parent / Guardian

Date

Printed Version of Signature

Relationship to Client

OFFICE USE ONLY: _____ **date mailed to client**
 _____ **date returned and filed in client's confidential file**
 _____ **date Nikia Dower, MS, CCC-SLP/L, BCBA notified of signature page returned**