



**Frankly Speaking SLP Services, Inc.
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.

Frankly Speaking SLP Services, Inc. uses health information about you for treatment, to obtain payment for treatment, for administrative purpose, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Frankly Speaking Services SLP, Inc.

How Frankly Speaking SLP Services, Inc. May Use or Disclose Your Health Information.

For Treatment: Frankly Speaking SLP Services, Inc. may use your health information to provide you with medical treatment or services. For example, information obtained by a healthcare provider, such as a physician, nurse, or other person providing health care services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Healthcare providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. The information may be released to: NONE

For Payment: Frankly Speaking SLP Services, Inc may use and disclose your health information to others for purpose of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment, or supplies used in the course of treatment.

For Healthcare Operations: Frankly Speaking SLP Services, Inc may use and disclose health information about you for operational purpose. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Asses the quality of care and outcome in your case and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the healthcare we provide.

Appointments: Frankly Speaking SLP Services, Inc may use your information to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you with the following organizations: NONE

Fund Raising: Frankly Speaking SLP Services, Inc may use your information to contact you to raise funds for the following organizations: NONE

Required By Law: Frankly Speaking SLP Services, Inc may use and disclose information about you as required by law. For example, Frankly Speaking SLP Services, Inc may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties;

Public Health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability or for other health oversight activities.

Decedents: Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation: Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research: Frankly Speaking SLP Services, Inc may use your information for research purpose when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. The information may be released to: NONE

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation: Your Health information may be used or disclosed in order to comply with laws and regulations related to Work Compensation.

Other Uses: Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Frankly Speaking Services SLP, Inc has taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 C.F.R. § 164.522; however, Frankly Speaking Services SLP, Inc is not required to agree to a request restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 C.F.R. § 164.524;
- Request that your health record be amended as provided in 45 C.F.R. § 164.526;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosure made of your health information as provided by 45 C.F.R. § 164.528.

Complaints

You may complain to Frankly Speaking SLP Services, Inc and to the Department of Health and Human Services if you believe your privacy rights have been violated. **You will not be retaliated against for filing a complaint.**

Contact Information

DHHS, Office of Civil Rights
200 Independence Avenue, SW
Room 509F HHH Building
Washington, DC 20201

Obligation of Frankly Speaking SLP Services, Inc.

Frankly Speaking SLP Services, Inc is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

Frankly Speaking SLP Services, Inc reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you by mail.

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR
TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

I hereby acknowledge receipt of a written notice of my privacy rights and

I consent to FRANKLY SPEAKING SLP SERVICES, INC using and disclosing my protected health information to carry out treatment, payment or healthcare operations.

I understand and have been provided with a *Notice of Privacy Practices*, which provides a more complete description of how my protected health information may be used or disclosed. I understand that I have the right to review the notice prior to signing this consent.

I understand that FRANKLY SPEAKING SLP SERVICES, INC reserves the right to change their notice and information practices and that I may obtain a copy of the revised notice by written request address to Frankly Speaking SLP Services, Inc 4166-B, Newton Drive N.E., Covington, Georgia 30014

I understand that I have the right to restrict how FRANKLY SPEAKING SLP SERVICES, INC uses or discloses my protected health information to carry out treatment, payment or healthcare operations; that FRANKLY SPEAKING SLP SERVICES, INC is not required to agree by the restrictions and; that FRANKLY SPEAKING SLP SERVICES, INC is bound by restrictions to which it agrees.

I request the following restrictions to how my health information is used or disclosed:

I have the right to revoke this consent by notifying FRANKLY SPEAKING SLP SERVICES, INC in writing, except to the extent that FRANKLY SPEAKING SLP SERVICES, INC has taken action in reliance on my consent.

Print Name of Patient

Date

Signature (Patient/Guardian)

Relationship to Patient