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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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential.

Protected health information (PHI) is the information that will be created and obtained in providing services to you. Such information may include evaluations, treatment plans and notes, and applying for future care or treatment (prior authorization). It also includes billing documents for these services.

The purpose of this notice is to ensure that you (the health care recipient) or your designated representative is aware of your rights to ensure the privacy of your healthcare information. Speak Easy Mobile Therapy will attempt in all cases to preserve the confidentiality of all oral, written and electronic medical information. This includes progress information at the end of treatment sessions, written information and electronic transmission of information to physicians, schools, and insurance companies. Speak Easy Mobile Therapy will not be held responsible in the event of natural disasters, theft, or burglary of their physical and electronic property, having taken reasonable precaution.

Treatment

Your health information may be used or disclosed to other health care and/or educational professionals for the purposes of evaluating your medical condition, and providing treatment. Results of therapeutic evaluations will be available in your medical record to all health professionals who may provide treatment or consultation for the condition being treated.

You can reserve the right to request in writing restrictions on certain uses and disclosures.

Records may be transmitted to authorized individuals and/or entities electronically, orally or on paper through mail delivery.

Appointment reminders may be sent via telephone calls, text, email and/or mail.

Payment

Your health information may be used to seek payment from your insurance plan or other sources of coverage you may use to pay for therapy services. Your health plan may request and receive information on dates of service, services provided, and the medical condition being treated.

Right to Revise Privacy Practices

Speak Easy Mobile Therapy reserves the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain. These changes in our policies and practices may be required by changes in federal and state laws and regulation.

Other Use and Disclosure of Patient Information

Federal and state laws require abuse, neglect, domestic violence and threats to be reported to social services or other protective agencies. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases risk.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that is maintained. As permitted by federal regulation, it is required that requests to inspect or copy protected health information be submitted in writing. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Any other uses and disclosures of your personal health information will be made only with your written authorization. You may revoke such authorization in writing.

I acknowledge that I have received and read Speak Easy Mobile Therapy Notice of Privacy Practices.

Signature: _____ Relationship: _____

Date: _____