

## **Notice of Patient Privacy Practices**

**This notice describes how medical information about you may be used and disclosed and how you can get access to information. Please review it carefully. If you have any questions, please contact Patricia M. Weiss, SLP at 919-270-0130**

### **WHAT IS MY LEGAL DUTY?**

Patricia M. Weiss, SLP is required by law to protect the privacy of health information that might reveal your identity. Patricia M. Weiss is required to provide you this notice about health information privacy practices and follow the information practices that are described herein. You will be asked to sign an “acknowledgement” statement, indicating that you have been provided with this notice.

### **WHAT HEALTH INFORMATION IS PROTECTED?**

Federal laws define “Protected Health Information” (or PHI) as any individually identifiable health information. It refers to protected health information that is created or received by or on behalf of Patricia M. Weiss; contained in the patient’s medical record or files, whether oral or recorded in any form or medium.

### **SUMMARY OF THIS NOTICE**

#### ***1. Uses And Disclosures Of Health Information***

Patricia M. Weiss, SLP uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care provided.

Patricia M. Weiss, SLP may use your personal health information to communicate with you about treatment, obtain payment for service or conduct business operations. (Example: to provide appointment reminders.) Patricia M. Weiss, SLP may communicate information with you via telephone, fax, voice message, electronic/text message, email or other. However, will obtain your permission to do so, if responding to an inquiry that you initiated via that method.

Patricia M. Weiss, SLP may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. Patricia M. Weiss, SLP will also provide information when required by law. Patricia M. Weiss, SLP may use or disclose your health information if she has removed any information that might identify you. Patricia M. Weiss, SLP does not sell or disclose your protected health information for external marketing. However, she may use it internally to contact you with information about treatment alternatives or other health related benefits that could be of interest to you.

In any other situation, Patricia M. Weiss' policy is to obtain your written authorization before disclosing your personal health information. If you provide her with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

You may request that we transfer your records to another person or organization by completing a written authorization form.

## ***2. Patient's Individual Rights***

You have the right to access, inspect or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request an accounting of disclosures, with the exception of routine disclosures for treatment, payment and business operations.

You may also request in writing further restrictions on how personal health information is disclosed. However, we are not required to agree to the restriction you request unless you pay out of pocket, in full for services provided.

You have the right to request that we contact you in a way that is more confidential for you.

Patricia M. Weiss, SLP will consider all requests on a case-by-case basis, but the practice is not legally required to accept them.

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control privacy of health information of minors unless the minors are permitted by law to act on their own behalf.

Patricia M. Weiss, SLP reserves the right to change policy at any time. When changes are made, a new Notice of Privacy Practices will be posted in the waiting room and website. You may also request an updated copy of our Notice of Information Practices at any time.

## ***3. Concerns and Complaints***

If you are concerned that Patricia M. Weiss, SLP may have violated your privacy rights or if you disagree with any decisions made regarding access or disclosure of your personal health information, please contact Patricia M. Weiss, SLP at 919-270-0130. No one will retaliate or take action against you for filing a complaint. You may also send a written complaint to the US Department of Health and Human Services.

**Patient Consent and Authorization**

1. I hereby consent to and acknowledge receipt of Patricia M. Weiss' Therapy's Notice of Patient Privacy Practices. I consent that my protected health information be used to provide and coordinate treatment, to obtain payment, and for business operations. I understand that Patricia M. Weiss' Notice of Patient Privacy Practices explains my rights to privacy regarding my protected health information and provides specific information and a complete description of how my health information may be used and disclosed.

2. I authorize Patricia M. Weiss to render appropriate therapy services to my child. I understand that care will be provided by an appropriately trained health care professional. I recognize and agree that I have the right to refuse treatment or terminate services at any time by notifying the Patricia M. Weiss, SLP office in writing. In addition, Patricia M. Weiss, SLP may terminate services by notifying me of termination.

3. I hereby authorize Patricia M. Weiss to bill insurers (i.e. BCBS, United, CIGNA, etc.) identified as providing coverage for the insured and allow for the release of any information necessary to process claims for medical benefits. With this billing option, I will submit your insurance company with any pertinent information (i.e. evaluation, treatment goals) needed to complete your insurance forms. You will also be responsible for any co-pays/deductibles/co- insurance required by your insurance company that will be billed directly to you by Patricia M. Weiss, SLP. If the insurance company denies all or part of your claims filed, you are responsible for payment of services. If you fail to make payments, your services will be put on hold until payments are received and your account is paid in full. \*Please note that a \$30.00 fee may apply if your check gets returned. If your account gets sent to a collection agency, a collection fee will also apply.

4. I agree to notify Patricia M. Weiss, SLP of any changes in my child's physician or insurance coverage prior to the date of change.

**5. Cancellation Policy:** It is important to give as much advance notice as possible, at least 24 hours, in the event of a needed cancellation. If you schedule an appointment and do not cancel or show up or if you show up late it is time lost for you. Therefore, if you schedule and do not show for 3 appointments, your child may be discharged. Additionally, if you arrive late for your appointment, your session will either be reduced by the number of minutes you are late or the session will be cancelled/re-scheduled.

Child's Name \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_