HIPAA Provider Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can gain access to this information. Please review it carefully.

Key Issues

Uses and Disclosures: Health information about you is used for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers with whom you are referred. Information may be shared by paper mail, electronic mail, fax, etc. Identifiable health information about you may be used or disclosed without your authorization under specific circumstances. Outside of these specific circumstances, you will be asked for your written authorization prior to using or disclosing any of your identifiable health information.

Your rights: In most cases, you have the right to review or obtain a copy of your health information. If you request copies, you will only be charged standard copy fees. You also have the right to receive a list of the types of disclosures that have been made using your information. If you believe that information in your record is inaccurate, you have the right to request correction of the information you deem inaccurate.

My legal duty: We are required by law to protect the privacy of your information, provide this notice about our information use and disclosure practices, follow the practices that are described in this notice, and obtain acknowledgement of receipt of this notice. We will post a new notice in our clinic when any changes have been made to these policies. You can also request a copy of this notice at any time. For more information about our privacy practices contact us at the address and phone listed below:

Speech Language Therapy Services, LLC
3501 Denali Street Ste 101
Anchorage, AK 99503
(907) 569-5666

Complaints: If you are concerned that your privacy rights have been violated, or you disagree with a decision that has been made regarding access to your records, you may contact us at the address and phone listed above. You also may send a written complaint to the U.S. Department of Health and Human Services; we can provide you with the appropriate address upon request

Further Details

1.) **Uses and Disclosures of Protected Health Information:** Following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be possible.

Treatment: I will use and disclose your protected health information to provide, coordinate your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you

Payment: Your protected health information will be used as needed, in activities related to obtaining payment for your health care services. For example, obtaining authorization for your treatment may require that your relevant protected health information be disclosed to your health insurance company.

Healthcare Operations: I may use or disclose, as-needed, your protected health information in order to facilitate the workings of the practice and provide quality care to all patients. For example, quality improvement reviews; licensing or credentialing activities; compliance audits; training programs for healthcare students learning under supervision,

Business Associates: We will share your protected health information with third party 'business associates' that perform various activities (e.g., billing and transcription services). Whenever there is an arrangement with a business associate that involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information;

Other: We may use or disclose certain health information to provide you with information about treatment alternatives, health-related services, or to remind you of an appointment. You may contact us to request that these materials not be sent to you.

a.) Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing however any information released prior to your revocation is subject to disclosure by the receiving party.

b.) Opportunity to Object

We may use and disclose your protected health information in the following instances. You do have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless otherwise objected, we may disclose to a member of your family, a relative, a close friend or other person you've identified may have access to health information that directly pertains to that person's involvement in your health care.

Emergencies: In an emergency treatment situation, your provider will attempt to provide you with a Notice of Privacy Practices as soon as possible following the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you would agree.

c.) Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes, to a public health authority, or to a person who is at risk of contracting or spreading disease;

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections;

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence;

Food and Drug Administration: as required by the Food and Drug Administration to track products;

Legal Proceedings: during legal proceedings;

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime;

Coroners, Funeral Directors, and Organ Donation: for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes;

Research: to researchers when their research has been approved by an Institutional Review Board;

Soldiers, Inmates, and National Security: to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing protected health information;

Workers' Compensation: to comply with workers' compensation laws;

Compliance: to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law

2.) Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

a. You have the right to inspect and copy your protected health information. This may be requested in electronic format if your records are held electronically. However, we may refuse to provide access to certain information, if such restriction is required by law or for a civil or criminal proceeding;

b. You have the right to request a restriction of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to comply with a restriction that you request, but if agreed upon, then we must act accordingly;

c. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate all reasonable requests. We have the right to condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

d. You may have the right to request your provider amend your protected health information. You may request an amendment of your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

e. You have the right to receive an account of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

f. You have the right to obtain a paper copy of this notice . Upon request, regardless if you have originally agreed to accept this notice electronically.

Effective date: 10/14/2026
End of Notice of HIPAA Privacy Practices