

Eats and Speaks, PC.
Speech, Language, Feeding and Myofunctional Therapy
C: (815) 290-0829/ F: (888) 491-2199
Privacy Officer: Emily Hussey
Privacy Officer Phone: (815) 290-0829

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) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

This Act gives you, the patient, significant new rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPAA provides penalties for covered entities that misuse personal health information.

Our Uses:

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use your health information to provide treatment. Treatment means providing, coordinating, or managing health care and related services, by one or more health care providers. An example of this would include a physical examination or evaluation of your condition. We may use your health information to process payments. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. We may use your health information as part of the health care operations of our business. Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal assessment of the quality of care provided.

Please be aware that disclosures made by us pursuant to this Privacy Notice could be subject to re-disclosure by the recipient and no longer protected by HIPAA.

Other Uses and Disclosures:

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. Examples of this include, but are not limited to, disclosing your health information to outside persons or entities that perform services on our behalf such as legal counsel. We may create and distribute de-identified health information by removing all references to

individually identifiable information.

For more information on permitted uses and disclosures, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

We may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

When Authorizations are Required:

With some limited exceptions, we are required to obtain a signed authorization from you in order to use or disclose psychotherapy notes, for use of your health information for marketing purposes, and in relation to the sale of your health information. Any uses and disclosures other than those which are permitted uses and disclosures as described herein will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Reproductive Health Care:

In some situations we are prohibited from sharing, and will not share, your health information for investigations or legal actions concerning reproductive health care access and services where that care is lawful as provided. For example, the law prohibits us from using or disclosing your reproductive health care-related health information for purposes of conducting criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care. By law, if we collect, receive, or maintain health information that is potentially related to your reproductive health care, in some cases we must obtain an attestation from health information recipients that they will not use or share that health information for a purpose prohibited by law. An example would be sharing your health information in response to a court order or subpoena.

Your Rights:

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relative, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to inspect and copy your protected health information.

The right to amend your protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.

Our Duties:

This notice is effective as of January 1, 2025 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect and maintain the privacy of your protected health information. We must notify you in the event of a data breach involving your unsecured protected health information. In the event of a data breach, we will notify you within the legally required timeframe, but no later than 60 days after we discover the breach. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post the updated policy on our website and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with our office by contacting the Privacy Officer identified above, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact the following for more information:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775