



HIPAA Privacy Notice

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.

This Privacy Notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It explains how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards that are in place to protect it. This notice also describes your rights to access and amend your protected health information. We have the right to approve or refuse the release of specific information outside of Team Speech/Chatterbox Therapy Services except when the release is required or authorized by law or regulation. Except as described in this notice, your health information will only be used or disclosed with your written authorization. You can revoke your authorization by written request, except to the extent that we have taken action in reliance of such authorization.

OUR DUTIES TO OUR CLIENTS REGARDING PROTECTED HEALTH INFORMATION

We will keep your protected health information private. We will follow the privacy practices that we explain in this notice while it is in effect.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are some examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

- **Required Uses and Disclosures:** By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services for investigations or determinations of our compliance with laws on the protection of your health information.
- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your healthcare services.
- **Payment:** Your protected health information will be used as needed, to obtain payment for your healthcare services.
- **Healthcare Operations:** We will share your protected health information with our third-party business associates.
- **Required by Law:** We may use or disclose your protected health information if law or regulation requires the use or disclosure.

- Public Health: We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information.
- Health Oversight Agencies: We may disclose to a health oversight agency for activities authorized by law.
- Food and Drug Administration: We may disclose to a person or company required by the Food and Drug Administration.
- Legal Proceedings/Law Enforcement: We may disclose during any judicial or administrative proceeding in response to a court order or for law enforcement purposes.

Workers' Compensation: We may disclose to comply with workers' compensation laws or other similar legally established programs.

- Parental Access: Some state laws concerning minors permit or require disclosure of protected information to parents, guardians, and persons acting in a similar legal status.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to Team Speech/Chatterbox Therapy Services

- Right to Inspect and Copy: You may inspect and obtain a copy of your protected health information.
- Right to Request Confidential Communications: You may request that we communicate with you using alternative means or at an alternative location outside of standard email, text phone. We will accommodate reasonable requests, when possible.
- Right to Request Amendment: You have the right to request that we amend the protected health information in your designated record set for as long as we maintain the protected health information.
- Right to an Accounting of Disclosures: You may request that we provide you with an account of the disclosures we have made of your health information.
- Right to Obtain a Copy of this Notice: You may request to obtain a hard copy of this notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your privacy rights, you may tell us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We can give you that address upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Privacy Officer: Alexander Sobolevsky
Phone: 847-366-4495

THIS PRIVACY NOTICE IS PROVIDED TO YOU AS A REQUIREMENT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).