

BEYOND THERAPY
CORRECTIVE SPEECH AND LANGUAGE THERAPY, INC.
14055 Town Loop Blvd. Suite 300., Orlando FL 32837
(407) 857-6285

NOTICE OF PRIVACY PRACTICES
This Notice becomes effective on January 1, 2014

**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.

**WE ARE REQUIRED BY LAW
TO PROTECT MEDICAL INFORMATION ABOUT YOU**

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at (407) 857-6285 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you
- Explain your rights with respect to medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (407) 857-6285.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION
ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients everyday. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at (407) 857-6285.

1. Treatment

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment of who may be consulted by staff members.

2. Payment

Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

3. Healthcare Operations

Your health information may be used as necessary to support the day – to – day activities and management of Beyond Therapy. For example, information on the services you received may be support budgeting and financial reporting, and activities to evaluate and promote quality.

4. Business Associates

In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information to accomplish task that we ask them to provide. These “Business Associates” might be a billing service, collection agency, answering service, and computer software/hardware provider.

5. Required by Law

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Miscellaneous uses and Disclosures require your Authorizations

Disclosure of your health information or its use for any purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use of disclosure of your information you may submit a written revocation of authorization. However, your decision to revoke authorization will not affect or undo any use disclosure of information that occurred before your decision to revoke your authorization.

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as ‘national priorities.’ In other words, the government has determined that under certain circumstances, which include: threat to health or safety; public health activities; abuse, neglect, or domestic violence; health oversight activities; court proceedings; to the direct law enforcement; coroners and others; workers’ compensation; and research organizations. It is important to disclose the appropriate medical information without the individual’s permission only in the cases stated previously. We will only disclose the requested medical information about you in the stated circumstances when we are permitted to do so by law. If there is any question regarding the circumstances, please feel free to contact our privacy officer at (407) 857 – 6285.

Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when making financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

Miscellaneous uses by our Office Staff

1. Appointment Reminders

In order to send you appointment reminders our staff will use your health information.

2. Information About Treatments

Your health information may be used to send you information on the treatment and management of your medical condition that you may find interesting. We may also send you information describing other health-related products and services that we believe may interest you.

3. Fundraising

Unless you request not to, we will use your name and address to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, please mark an "X" on the following line.

_____ Please do not use my information for fund-raising purposes

4. Marketing

Unless you request not to, there are some marketing activities for which we may use your name and address, to provide you with information about services available at our practice. If you'd rather not receive marketing communication from our practice, please mark "X" on the following line.

_____ Please do not use my information for marketing purposes

Individual Rights

You have certain rights under the federal privacy standards. Including:

- The right to request restrictions of the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Beyond Therapy Duties

We are required by law to maintain the privacy of your personal protected health information and provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

Right to revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit.

The revised policies and practices will be applied to all protected health information we maintain.

Request to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that request to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Office Secretary or President of the Beyond Therapy. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Beyond Therapy
14055 Town Loop Blvd. Suite 300
Orlando FL, 32837**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same above address. You will not be penalized or otherwise retaliated against for filing a complaint.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

Contact Person:

The name and address of the person you may contact for further information concerning our privacy practice is:

**Patti Brown
Beyond Therapy
14055 Town Loop Blvd. Suite 300
Orlando, FL, 32837**

This notice effective January 1, 2014

To file a written complaint with the health department, you may bring your complaint to the department, or you may mail it to the following address:

Roosevelt Freeman, Regional Manager
Office for Civil Rights
US Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
Atlanta, GA 30303-8909
Voice Phone (404) 562-7886
Fax (404) 562-7881
TDD (404) 331-2867

To file a complaint with the federal government, you may send your complaint to the following address:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, S.W.
Room 515F HHH Bldg
Washington, D.C. 20201

Beyond Therapy

Privacy Practices Acknowledgment

Acknowledgement Form

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: _____ Birth Date: _____

Patient's Name: _____ Birth Date: _____

Signature _____ Date: _____