

GOEPFERT SPEECH ASSOCIATES, LLC
Diagnostic and Therapeutic Services for Children and Adult

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Phone/Fax: (717) 533-1916

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOITCE, YOU MAY CONTACT THE PRIVACY OFFICER AT THE ABOVE ADDRESS AND PHONE NUMBER.

Protection of Health Information: Your health information is kept private, according to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1966 (HIPAA). Your protected health information is information that relates to your past, present, or future health care, such as medical history, diagnostic evaluations, and therapeutic services.

Uses and Disclosures of your protected Health Information: Disclosures of your health information may occur for health care operations. Examples of operations in which protected health information disclosures may occur include insurance and billing management, financial or quality assurance audits, law enforcement purposes, education, referring to other services and receiving information from other professionals that may have treated you in the past. Your protected health information may be used for treatment purposes including provision, coordination or management of services. Some other examples of disclosures include the following. You may be paged in the reception area when it is time for our appointment. Messages may be left on your answering machine regarding your appointment or to request that you contact this office. Your medical records may need to be transferred to another location. Disclosures may also be made to "business associates" or student observers or therapist who participate in health care operations and commit to respect the privacy of your health information.

Your Rights Regarding Your Health Information: You have the right to review your health information which might include intake information, evaluation, goals, and progress notes. For all other purposes beyond those listed above, your written authorization will be required to use, disclose, or restrict your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization. Revocations must be in writing. You may also initiate the process for us to send your information to someone else through the use of an authorization form or written request. To request a further restriction or disclosure, you must submit a written request to our privacy officer telling us: 1.) what information you want restricted; 2.) how you want the information restricted; and 3.) to whom you want the restriction to apply.

Notice of Privacy Practices: By law, we must abide by the terms of this Notice of Privacy practices until we choose to change it. We reserve the right to change this notice at any time. The revised notice will be available on request from our office.

Complaints: If you believe that your privacy rights have been violated, you may submit a complaint to the practice or to the U.S. department of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. You will not be penalized or retaliated against for filing a complaint and your identity will be kept confidential.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I received a copy of the Notice of Privacy Practices from
Goepfert Speech Associates, LLC

Patient name _____

Patient Signature _____

Parent/Guardian Signature _____ Date _____