

## Patient Copy



### **Patient Notification of Privacy Policies (HIPAA Authorization)**

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate and disclose and make use of personal information. The following outlines our privacy policy.

1. Fox Speech Therapy will collect and use of personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.
2. Fox Speech Therapy and its employees are authorized to use or disclose pertinent health information that is required for speech-language therapy purposes.
3. Confidential information is stored in a secure location away from public access. All computers and PDA's containing confidential information are only accessed by password.
4. Fox Speech Therapy is authorized to disclose pertinent health information to insurance companies or referring physicians for the purposes of requesting doctor's orders, authorization for service, or to obtain reimbursement for services. Information may be sent via first class mail or fax with procedures in place to limit the likelihood of unauthorized access. The date sent will be documented by the responsible office personal.
5. Fox Speech Therapy may disclose protected health information considered pertinent to speech-language therapy to specified professionals (i.e. social workers, teachers, psychologists, physicians, therapists, etc.) with a signed release form from parent or guardian.
6. **Duty to Report Adult or Child Abuse, Neglect or Exploitation:** By law, Speech Fox Therapy and its employees have a duty to report to the Virginia Department of Social Services or the local departments of social services any known or suspected incidences of abuse, neglect, or exploitation of children or elderly and incapacitated adults.
7. **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
8. **Public Safety:** Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.
9. **In the Event of a Client's Death:** In the event of a client's death, the spouse or parents of a deceased client have a right to access their child or spouse's records..
10. When payment for services is the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, the time-frame, and the name of the clinic or collection source. Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, summaries or copies of the entire clinical record. Only the minimally acceptable amount of information will be released to accommodate such requests.
11. Any complaints can be directed to the General Manager of Fox Speech Therapy.

### **Your Rights**

- You have the right to request to review or receive your medical files. If your request is denied, you will receive a written explanation of the denial. Records must be requested by the parents or legal guardian. The charge for this service is \$.25 per page, plus postage.
- You have the right to cancel a release of information by providing Fox Speech Therapy with a written notice.
- You have the right to restrict which information might be disclosed to others. However, if we do not agree with these restrictions, we are not bound to abide by them.
- You have the right to request that information about you be communicated by other means or to another location.

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- You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.
  - You have the right to know what information in your record has been provided to whom.
  - You have the right to request a copy of this notice.
- \* The parent/guardian, may revoke this authorization by notifying Fox Speech Therapy in writing of my desire to revoke it. However, any action already completed prior to the request to revoke this authorization cannot be reversed, and my revocation will not affect those actions.

### **General Policies and Procedures**

**SCHEDULING:** We will make every effort to find a day and time that works best for you and your child. However, please note that during the school year, there is a high demand for the evening sessions, and they may be limited in availability.

**REGULAR ATTENDANCE:** It is important for your child to have continuity by consistently attending therapy sessions. If the current schedule is not working for you, please let us know.

**CANCELLATIONS:** Cancellations must be **made by phone** with 24 hours notice or a "cancellation fee" of **\$25.00 will be charged**. We understand that due to illness or other unexpected events it may be necessary for you to occasionally cancel a therapy appointment. You can leave a message if you reach voicemail. We appreciate two weeks notice of vacation plans. Make up sessions are encouraged.

**NO SHOWS:** Two uncanceled appointments may result in discontinuation of services for your child, and they will be removed from the therapy schedule. PLEASE CALL if you cannot come to therapy.

**LATENESS:** Children arriving late for an appointment will be treated for the remainder of the scheduled treatment time.

**THERAPIST CANCELLATIONS:** Your child's therapist will notify you as soon as possible if your appointment must be cancelled. If possible, we will make every attempt to schedule a make up session.

### **OFFICE CLOSURES**

Our office will be closed for the observation of the following holidays:

Presidents Day  
Memorial Day  
Fourth of July  
Labor Day  
Good Friday,  
The Wed, Thurs, and Friday of Thanksgiving week  
December 24-Jan 1st

**Inclement Weather Policy: In the case of Inclement Weather,** please call the office for therapy times if the schools are on delay at 540-446-2654. If you are unsure if we will be open or closed on any particular day, kindly call us to inquire at 540-446-2654.

**Termination of therapy:** If you need to terminate therapy for any reason, please give us two sessions notice so that we can wrap up therapy and complete final counseling with you and your child. If your termination is due to financial concerns, please contact the General Manager, as we are here to support our families, and create payment options in order to continue the needed services.