



Notice of Privacy Practices

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT HOW MEDICAL INFORMATION MAY BE LAWFULLY USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Milwaukee Myo/Mequon Speech and Learning Connection (MM/MSLC), including staff, therapists and other healthcare providers on our staff, use and share health information about you or your child (children) for treatment, for administrative purposes and to evaluate the quality of care you receive. We are committed to protecting health information about you or your child (children). Your or your child's health information contained in a medical record is the physical property of MM/MSLC.

1. HOW WE MAY USE YOUR HEALTH INFORMATION

FOR TREATMENT: We may use your or your child's health information to provide, coordinate or manage treatment or related services. Information obtained by a therapist or other member of the healthcare team will be recorded in the medical record and used to determine the course of treatment that will work best for you or your child.

FOR PAYMENT: We may use and disclose health information to bill and collect payment for treatment and services that are received. For example, a bill may be sent to you or a third-party provider with information that identifies you or your child (children), as well as the diagnosis, procedures and supplies used in the course of treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information about you and your child(children) for office operations. For example, you or your child's health information may be disclosed to other staff members to:

- Evaluate the performance of our staff
- Assess the quality of care
- Learn how to improve our services; and
- Determine how we can make improvements in the care and services we provide.

APPOINTMENT/FOLLOW-UP CALLS: We may use your or your child's information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding services.

INDIVIDUALS INVOLVED IN YOUR CARE: We may share information with a family member or other persons identified by you or who is involved in your or your child's care or payment related to that care. We may tell a family member or friend about your child's condition. If you do not want information released to those involved in the care please see instructions for requesting a restriction under **YOUR HEALTH INFORMATION RIGHTS**.

2. HOW WE MAY DISCLOSE YOUR OR YOUR CHILD'S (CHILDRENS') HEALTH INFORMATION OUTSIDE OF MM/MSLC.

REQUIRED BY LAW/PUBLIC HEALTH: We may disclose information about you or your child (children) when required to do so by federal, state or local laws. For example, we may disclose information for the following purposes: To respond to a court order, subpoena or deposition

- To assist law enforcement officials in their duties to locate a suspect, fugitive or missing person
- To report information related to victims of child abuse or neglect
- To report reaction to medication or recalls of products
- To federal and state agencies for oversight activities authorized by law such as investigation, inspections, audits, surveys and licensing. (Examples may include organizations that ensure the quality/safety of the care we provide).

HEALTH RISK: You or your child's health information may be released for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability. We may disclose you or your child's health information to notify a person that may have been exposed to a disease or may be at risk for contracting or spreading a disease.

HEALTH AND SAFETY: We may disclose health information about you or your child (children) to avert a serious threat to the health or safety of you, any other person or the public. Any disclosure would only be to someone able to help prevent the threat.

DECEASED: Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

ORGAN/TISSUE DONATION: If you or your child (children) are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplant or to an organ donation bank.

RESEARCH: We may disclose information for research purposes when MM/MSLC has reviewed and approved research proposal. Medical record information that identifies you or your child (children) will only be used when given permission for us to do so. Additionally, when given permission we may contact you for research purposes.

NATIONAL SECURITY: We may disclose your or your child's health information to federal official for intelligence, counterintelligence and national security activities authorized by law.

TREATMENT ALTERNATIVES: We may disclose health information to tell you about or recommend possible treatment options or other health-related benefits and services that may be of interest to you.

WORKERS' COMPENSATION: You or your child's health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

3. YOUR HEALTH INFORMATION RIGHTS

In accordance with federal regulations and MM/MSLC policies and procedures, you have the right to:

- Request a restriction on certain uses and disclosures of your or your child's health information. We will make every effort to honor your request. However, in some situations, we may be required by law to share the health information.
- Request to inspect and/or obtain a copy of your or your child's health record. You have the right to request to inspect and/or obtain a copy of the health information and billing records. We may charge a fee for the cost associated with copying and/or mailing the information.
- Request to correct/amend information in your or your child's health record. If you feel the health information that we have is incorrect or incomplete, you may ask us to correct/amend the information. If the health information is determined to be incorrect or incomplete, we will revise the record.
- Request confidential communications. You have the right to request that we communicate with you about health information in a particular manner or at a location other than your permanent address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure we have your correct address and contact information.
- Receive a listing of how your or your child's information has been shared. You have a right to receive a listing of disclosures of the health information for purposes outside treatment, payment or office operations.
- Receive a paper copy of this notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. In order to request a restriction on how your or your child's health information is used or to request confidential communication, you must submit a request in writing to MM/MSLC. In order to request a copy, inspection, a correction/amendment or a listing of disclosures you must submit a request in writing to MM/MSLC.

4. OBLIGATIONS OF MILWAUKEE MYO/MEQUON SPEECH AND LEARNING CONNECTION

We are committed to:

- Make sure that medical information that identifies you, your child (children) is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to you or your child's health information.
- Follow the terms of this notice.
- Notify you, after management's review, if we are unable to agree to a requested restriction on how health information is used or disclosed.
- Accommodate reasonable request for communications of health information in a particular manner or to a location other than your permanent address.
- Obtain your written authorization to disclose health information for reasons other than those listed above and permitted.

reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you, and upon your request; we will provide you with a copy of the most recent copy of our Notice of Privacy Practices.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided MM/MSLC's Notice of Privacy Practices ("Notice"):

- The Notice states how MM/MSLC will use the health information it possesses for the purposes of my treatment, payment for my treatment and MM/MSLC's health care operations.
- The Notice also explains in sufficient detail how MM/MSLC may use and share my or my child's (children) health information for purposes other than treatment, payment and health care operations.
- I hereby acknowledge MM/MSLC will also use and share health information as required/permitted by law.

Patient's Complete Name _____
(please print)

Parent/Guardian Name _____
(please print)

Parent/Guardian Signature _____ Date _____