



## Confidentiality and HIPAA Disclosure

This form describes the federal confidentiality laws outlined by the Health Insurance Portability and Accountability Act (HIPAA). All information shared between you and Abracadabra Speech, LLC during intake, evaluation, treatment, and counseling sessions will be held in strict confidentiality according to federal regulations. Federal law dictates that a copy of this information is provided to all clients before the initiation of evaluation or therapy services.

### Definitions:

- a. *Protected Health Information (PHI)* refers to any information in your health file that may identify you, such as your name, address, diagnoses, and medical and/or treatment history.
- b. *Treatment* refers to time spent with you in treatment, evaluation, and consultation to discuss questions and concerns. This also includes time spent managing your treatment and other services related to your healthcare, including consulting with another healthcare provider such as your general practitioner (GP) or another speech pathologist. (OR RELEVANT SERVICE PROVIDER)
- c. *Payment* refers to filing for reimbursement for your therapy services, such as when PHI must be disclosed to insurance companies to obtain payment or determine eligibility or coverage. Requested documents may include diagnostic codes and reports, types of therapy services provided, times and dates of sessions, therapy progress, description of impairment, case notes, and summarizations.
- d. *Health Care Operations* refer to activities related to the performance and operation of Abracadabra Speech, LLC such as quality assurance and improvement, audits, administrative services, accounting, case management, and coordination of care.
- e. *Use* applies only to activities within the private practice of Abracadabra Speech, LLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you or your PHI.
- f. *Disclosure* applies to activities outside of the private practice office of Abracadabra Speech, LLC such as releasing, transferring, or providing access to information about you to other parties.

- g. *Authorization* is your written permission to disclose confidential health information. All authorizations to disclose must be signed for on a specific, legally required form.

**Uses and Disclosures with Authorization for Treatment, Payment, and Healthcare Operations:**

Protected Health Information (PHI) may be used or disclosed for treatment, payment, and healthcare operation purposes as defined above given your written authorization. You may revoke all such authorizations at any time, provided that each revocation is in writing. Revocation will not apply to a) authorizations already acted upon, b) authorizations obtained as a condition of obtaining insurance, disability, or worker's compensation coverage, c) a court ordered or third-party referral in which you are not legally defined as the client.

**Uses and Disclosures without Authorization:**

Protected Health Information (PHI) or client information may be used or disclosed without your written consent only in the following circumstances:

- a. *Mandated reporting of child abuse*: In the event that Abracadabra Speech, LLC has reasonable cause to believe a minor or elder may be abused or neglected, there is an obligation to report this belief to the appropriate legal authorities.
- b. *Mandated reporting of adult and domestic abuse*: In the event that Abracadabra Speech, LLC has reasonable cause to believe an individual protected by state law has been abused, neglected, or financially exploited, there is an obligation to report this belief to the appropriate legal authorities.
- c. *Serious threat to health or safety*: In the event that Abracadabra Speech, LLC learns through client interaction or records that there is a specific threat of imminent harm, or risk of physical or mental injury against yourself or another individual, the company is obligated to disclose this information to protect yourself and/or others from harm.
- d. *Oversight agencies*: Reporting of PHI to oversight agencies for activities authorized by law, including licensure, certification, and disciplinary actions is required.
- e. *Court and judicial proceedings*: If you are involved in a court proceeding and requests for records of your diagnostic or treatment records are made, this information is privileged under state law and must not be released without a court order. This privilege does not apply if you are being evaluated by a third party or where the evaluation is court ordered. You must be informed in advance in this case. PHI may also be released directly to you upon request.
- f. *Worker's compensation*: In the event of a worker's compensation claim in which speech pathology evaluation and treatment is relevant, PHI may be disclosed as authorized by and to the extent necessary to comply with laws relating to

**Complaints:**

If you are concerned that your privacy rights have been violated. You may send a written complaint or ask for more information at the address listed below:

The U.S. Department of Health & Human Services Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Phone: (202) 619-0257  
Toll Free: 1-877-696-6775

**Effective Dates of Privacy Policies:**

This notice will go into effect on November 18, 2021. Our company reserves the right to change the terms of this notice and make new policies effective for all PHI information maintained. In the event of a policy change to client confidentiality, the company will provide you with a revised notice in person or via mail if request by you in writing.