



Kidzspeech, LLC

Kidzspeech, LLC
Kirsten Cerroni, MS/CCC-SLP
W238 N1690 Rockwood Drive, #500
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www.kidzspeechllc.com

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice, please contact: Kirsten Cerroni, MS/CCC-SLP.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you or your child, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website at www.kidzspeechllc.com, or by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information:

We may use and disclose health information about you for treatment, payment, and health care operations. For example:

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other healthcare providers who may be treating you when we have the necessary permission from you to disclose information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the therapist has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your therapist, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your therapist. We may also use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. You and/or your child, during the course of treatment, may be visible by other persons present in the clinic, or therapists who also share clinic space with Kidzspeech, LLC. Discussion between you, your child and your therapist may be overheard by others who are not involved in your child's care, in the share treatment rooms or in the waiting room.

Payment: Your protected health information may be used to obtain payment for your health services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend. Your PHI may be disclosed to a billing clearinghouse or third party payers, as well as to a third-party person or organization hired to provide billing services.

Healthcare Operations: We may use or disclose your protected health information as needed in order to support the business activities of Kidzspeech, LLC. These activities include, but are not limited to, training of students, or calling you by name in the waiting room.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family or Caregivers: We may disclose your health information to a family member, caregiver, or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our personal judgment of whether the disclosure would be in your best interest. We may use or disclose information about you to notify or assist in notifying a person involved in your care, of your location and general condition. At times, you may authorize another caregiver, besides yourself, to bring your child in for treatment. In these instances, your healthcare or treatment may be discussed with whomever brings your child to the clinic for treatment.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:



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- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes in our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To avert a serious threat to health or safety;
- As authorized by state worker's compensation laws.

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. You must make a request in writing to obtain access to your health information. You may request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you a reasonable cost-based fee that may include labor, copying costs, and postage.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years. That list will not include disclosures for treatment, payment, and health care operations, as authorized by you.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You may make your request in writing. You must specify in your request the alternative means or locations. You may make your request in writing. You must specify in your request the alternative means or location, and provide satisfactory explanation how you will handle payment under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why we should amend the information. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. If you believe that:

- We may have violated your privacy rights,
- We made a decision about access to your health information incorrectly,
- Our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or
- We should communicate with you by alternative means or at alternative locations,

You may contact us using the information listed below. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Person: Kirsten Cerroni, M.S./CCC-SLP
Telephone: 262-563-8140 Fax: 262-347-2251
Address: W238N1690 Rockwood Drive, Suite 500, Waukesha, WI 53188