



Communication Therapies, PLLC

Speech & Language, AAC, and Communication-based Behavior services for individuals with communication challenges

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 REVIEW IT CAREFULLY.

Vlinder Communication Therapies, PLLC is committed to maintaining the confidentiality of your health care information. This Notice of Privacy Practices informs you about how we collect, use and disclose health care information and your rights regarding this information.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health care information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the client, significant new rights to understand and control how your health care information is used. HIPAA provides penalties for covered entities that misuse your health information and how we may use and disclose your health care information.

Vlinder Communication Therapies, PLLC authorizes access to your health care records by employees and business associates only to the extent necessary to provide treatment to you and obtain payment for that treatment. We take steps to prevent unauthorized access to our office, files, business records, and electronic systems.

We collect most health care information directly from you. We may also obtain health care information from other health care professionals by whom you have been evaluated, tested, treated and/or received therapy.

Without specific written authorization from you, we are permitted to use and disclose your health care records only for the purposes of treatment, payment and health care operations.

Treatment means providing, coordinating or managing health care and related services by one or more health care providers. For example, we may need to share health care information with other providers or specialists involved in the continuation of your care.

Payment means such activities as obtaining reimbursement for services, confirming insurance coverage, billing or collection activities and utilization. For example, we disclose treatment information when billing health care insurance providers for services performed by us.

Health Care Operations includes the business aspects of running our practice. For example, client information may be used for training and staff evaluation purposes or quality assessment.

Business Associates include individuals or entities that are not employed by us that perform health care operations or payment activities on our behalf which requires the use or disclosure of health care information. For example, we may use a computer specialist to install data base software or electronic security systems.

As Required by Law means when required by federal, state or local law or in response to a court or administrative order, subpoena, discovery request, or other lawful purpose.



Unless you request otherwise, we may use or disclose health care information to a family member, friend, or other personal representative to the extent necessary to help with your health care or with payment for your health care. In addition, we may use your confidential information to remind you of appointments by sending reminder cards and/or leaving messages at home and/or work.

We will make no other use of disclosure of health care information without first obtaining prior written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights regarding the health care information that we maintain. You may exercise these rights by presenting a written request to Vlinder Communication Therapies, PLLC at the contact information below.

- The right to inspect and receive a copy of your health care information.
- If you feel that the information that we maintain about you is incorrect or incomplete, you have the right to request that it be amended.
- The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relatives, friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to receive health care information from us at alternative locations or by alternative means. For example, you may ask us to contact you only at your work address.
- The right to receive an accounting of disclosures we have made for purposes other than for treatment, payment, or health care operations, or that you specifically authorized. Your request may be for disclosures made up to six years before the date of your request, but not for disclosures made before April 14, 2003.

If you received a copy of this Notice on our website or by email, you are also entitled to receive a paper copy.

This Notice is effective as of July 10, 2010 and we are required to abide by the terms of this Notice of Privacy Practices. Vlinder Communication Therapies, PLLC reserves the right to change the terms of our Notice of Privacy Practices and to make new notice provisions for all health care information that we maintain. Revisions to our Notice of Privacy Practices will be posted on its' effective date and you may request a copy of this revised Notice.

You have the right to file a formal, written complaint with Vlinder Communication Therapies, PLLC at the address below or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filling a complaint.

Vlinder Communication Therapies, PLLC Contact

Cassandra Stafford
2611 NE 125th Street, Suite 103
Seattle, WA 98125
206.257.4078

US Department of Health & Human Services

Office of Civil Rights
290 Independence Avenue SW
Washington, DC 20201
877.696.6775 (toll free)