

Privacy Policy

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.

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

Without specific written authorization, we are permitted to use and disclose your health care records 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. Examples of treatment would include crowns, fillings, teeth cleaning services, etc.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your dental plan for your dental services.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected when we are required to do so by federal, state or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. We will release your PROTECTED HEALTH INFORMATION if requested by a law enforcement official for any circumstance required by law. We may release your PROTECTED HEALTH INFORMATION to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. We may release PROTECTED HEALTH INFORMATION to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. We may use and disclose your PROTECTED HEALTH INFORMATION when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your PROTECTED HEALTH INFORMATION if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your PROTECTED HEALTH INFORMATION to federal officials for intelligence and national security activities authorized by law. We may disclose PROTECTED HEALTH INFORMATION to federal officials in order to

protect the President, other officials or foreign heads of state, or to conduct investigations. We may disclose your PROTECTED HEALTH INFORMATION to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your PROTECTED HEALTH INFORMATION for workers' compensation and similar programs.

Any other uses and disclosures will be made only with your 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 certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal 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 request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations.

The right to access, inspect and copy your PROTECTED HEALTH INFORMATION.

The right to request an amendment to your PROTECTED HEALTH INFORMATION.

The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and health care operations.

The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us 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 filing a complaint.

For more information about our Privacy Practices, please contact:

Center for Communication Skill
California Learning Connection

2505W. Shaw Ave., Bldg. A
Fresno, California 93711
(559) 228-9100

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)

Payment Policy

- We accept Visa, MasterCard, Discover, Checks and Cash payments at the time of service. For all Non-Sufficient Fund (NSF) returned checks, a \$20 charge will be incurred above the amount of the check.
- As a service to our clients we bill insurance on a weekly basis. Clients are responsible for their charges.
- Late arrivals will be charged the full session regardless of the time spent in therapy.
- Missed sessions without notification or telephone call will incur a \$60 “No Show” charge if the session is not immediately rescheduled. Please be aware that “No Show” charges cannot be billed to Insurance or other third party payor.
- To avoid “No show” charges you may schedule a makeup therapy session within the same month of the charge. The session may be scheduled with another therapist rather than your originally scheduled therapist.
- Therapy sessions cancelled by the client will not incur “No show” charges if notice is provided 24 hours in advance. You will be offered a make-up appointment at the time of cancellation.
- Payments may be made in advance and may be eligible for discount if the entire month’s appointments (minimum 4 sessions) are paid.
- Check-In and Payment is required before the client will be seen by the therapist.

Insurance Policy

Every calendar year deductibles need to be met. If you have a deductible that needs to be met, please pay for your sessions in full or you can pay your entire deductible at once.

Insurance co-payment or full payment is required at the time of the appointment.

There may be a delay in payment from out-of-network insurance companies; however, the client, parent, or guardian is ultimately responsible for payment. If

insurance pays on those outstanding billed dates, the responsible party will be reimbursed unless otherwise requested in writing that the refund be kept in the account to cover future co-payments and deductibles.

If your insurance company rejects the claim for services initially we sometimes are able to provide additional information indicating medical necessity for the service.

Appointment Policy

- Policy states that if there are 3 consecutive missed or 5 cancelled appointments, the client will be removed from the schedule. Once removed from the schedule, that time slot is available to schedule other clients. We will attempt to notify client, parent, or guardian by telephone or by letter about the removal. However, the client, parent, or guardian will be responsible for contacting our office, if they wish to continue or resume services and will also be requested to sign a commitment agreement.

Insurance Policy

- Therapy sessions are scheduled for one hour or 30 minutes. Actual therapy time is 50 minutes for the hour session and 25 minutes for the 30 minute session. The remaining time is for parent contact and charting. Please refer to our Fee Schedule for other charges.
- Frequently it is advantageous to have parents observe or participate in therapy sessions, if it is not distracting to their child. The therapist will let you know if this is feasible. Attending therapy sessions or observing facilitates follow-through in the home environment and brings quicker progress.
- Parents are allowed to leave once the child is in treatment and return to pick their child up at the 25 or 50 minute mark to allow the therapist time to speak with parents and/or to chart the session's results. If parents are repeatedly late picking their child up, the staff will request those parents to stay at the clinic until their child has completed their session. If the parent is not able to stay and not able to return at the appointed time, other arrangements will need to be made or a charge of \$25.00 will be incurred.
- Make-up sessions: If you or the therapist has cancelled or missed a speech therapy session, you will be offered a make-up session possibly with another therapist or the same therapist if possible. See the Payment Policy above.