



Privacy Notice

Effective June 2019

This notice describes how medical information pertaining to you may be used and disclosed and how you can get access to this medical information. **Note: The word 'you' in this document refers to the patient and/or legal guardian of the patient if the patient is a minor.*

KidSpark, LLC - Our Notice of Privacy Practices

This notice of privacy practices is to inform you of the policies taken by KidSpark, LLC to ensure that your protected health information is kept private and safe as required by professional ethics and law.

Medical and health information associated with services through KidSpark, LLC may include, but is not limited to, the following:

- medical history
- results of evaluation and interpretation
- treatment notes
- notes from additional health care providers such as doctors

A government rule, called the Health Insurance Portability and Accountability Act (HIPPA) requires that you receive a copy of this privacy notice associated with KidSpark, LLC and its use of your health information.

How your Health Information may be Used or Shared

KidSpark, LLC may use or share your health information *without* your permission for the following reasons:

Treatment: KidSpark, LLC may share your health information with doctors and other health care providers who care for you. For example, if

your doctor orders speech therapy services via a script, we will share the results of evaluation and treatment with that doctor.

Health Care Operations: KidSpark, LLC may use or share your health information to make sure all clients receive good care. For example, we may use your health information to evaluate the effectiveness of our services and make our services better.

Additional Uses of your Health Information

Your health information may also be used or shared *without* your permission for:

Abuse and Neglect: We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.

Appointment Reminders: We may use your health information when reminding you of upcoming appointments. These reminders may be sent via email, phone call, voice message, or text message.

As Required by Law: We will share your health information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.

Government Functions: Your information may be shared for national security or military purposes.

Information About a Person Who has Died: We may share your information with the coroner, medical examiner, or funeral director as needed.

Marketing: We may use your information to let you know of other services that may be of interest to you.

Public Health Risks: We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability.

Regulatory Oversight: We may use or share your information to report to agencies overseeing healthcare. This may include sharing information for audits, licensure, and inspections.

Research: We may share your health information with researchers to be included in their research project. Information will only be shared for projects that have been through a special approval process. These projects have rules to protect your privacy also.

Your Privacy Rights

You have the right to:

Ask us to contact you privately. You may ask in writing to be contacted in a certain way or only at a certain place (ie. home vs. work).

Ask us not to share your information. You can ask us not to share or use your information for treatment or health care operations or share this information with people involved in your care (ie. family members or friends). You can ask for such limits in writing. We must share information when required by law.

Look at and copy your health information. You have the right to see your treatment and medical information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials.

File complaints. You can file a complaint with us or with the government if you think that: (1) your information was used or shared in a way that is not allowed or (2) if you were not allowed to look at or copy your information or (3) if any of your rights were denied. To find out more about complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Who is Covered by this Notice

The people who must follow the rules in this notice are:

- (1) Speech-language pathologists working at KidSpark, LLC
- (2) Any parent or guardian participating in their child's session when in a group setting as all patient privacy should be respected.

(3) Any volunteers who may help during services provided.

Changes to the Information in this Notice

We may change this notice at any time. Copies of the new notice will be available from our staff. The notice will be dated to indicate when it went into effect.

Contact

If you have any questions about this notice or your privacy rights, please ask Maggie Kay Gibbs, MS, CCC/SLP at kay@kidsparktherapy.com

Acknowledgment of Receipt: I have received and read, or had explained to me, the Privacy Notice provided by KidSpark, LLC.

Patient Full Name: _____

Parent/Guardian Full Name(s): _____

Relationship to Patient: _____

Signature: _____ Date: _____

_____ **(Initials)** **Consent for Release of Information:** I consent to the release of my child’s protected health information for professional use to the following entities who are also involved in my child’s care. This consent is in addition to my understanding that KidSpark, LLC is legally permitted to use or share my child’s medical information as needed *without* my permission for certain reasons as explained in the Privacy Notice above.

____ Doctor, Pediatrician

____ Physical/Occupational Therapist

____ Local School District/Teachers

____ Behavioral Therapist

____ Other: _____