

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Cobblestone Speech, Language & Learning LLC has a legal obligation to maintain the privacy of the Protected Health Information (PHI) in the records that we maintain, use and disclose as a result of treatment by us.

We are required to provide you with this Notice of Privacy Practices with regard to your PHI.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we may use and disclose PHI.

For Treatment

We may use PHI about you and/or your child to provide you with treatment or services. We may share PHI with another health care professional who needs to be consulted with respect to your care. For example, PHI may be disclosed to a physician that provides care for you and/or your child.

For Payment

We may use and disclose PHI so that we may bill for treatment and services that you and/or your child receive at Cobblestone Speech, Language & Learning LLC. This may include determinations for eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for the purpose of reimbursement. In the event that a bill is overdue we may give PHI to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

Appointment/Scheduling Reminders

We may use PHI to contact you to remind you that you and/or your child have or may need to schedule an appointment for treatment or a follow-up evaluation.

Individuals Involved in Your Care or Payment for Your Care

We may release PHI to a person who is involved in your and/or your child's care or helps pay for your and/or your child's care, such as a family member.

As Required by Law

We may use or disclose PHI when required to do so by international, federal, state or local law without first obtaining your authorization. Examples of these situations may include but are not limited to:

- **Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health Risks:** We may disclose PHI for public health activities. These activities generally include disclosures to: a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; prevent or control disease, injury or disability ; report births and deaths; report child abuse or neglect; report reactions to medications or products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence and the patient agrees or we are required by law to make such a disclosure.

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- **Military and Veterans:** If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release PHI if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **National Security and Intelligence Activities and Protective Services:** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Inmates/Correctional Institutions:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official.

Your Rights Regarding Health Information About You

You have the following rights, subject to certain limitations, regarding PHI we maintain about you.

Right to Inspect and Copy

You have the right to see and receive a copy of PHI contained in clinical, billing and other records pertaining to your and/or your child's treatment. Your request must be in writing. You may be charged related fees (such as copy or postage fees).

Right to Request Amendments

If you feel that the PHI that we maintain is incorrect or incomplete, you may ask us to amend our information. Your request must be in writing and must include a reason for the request.

Right to an Accounting of Disclosures

You may request a list of disclosures of PHI related to you and/or your child. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required.

Right to Request Restrictions

You may request a restriction or limitation on the PHI that we use or disclose for treatment, payment or health care operations. You also have the right to request a restriction on the health information we disclose to someone involved in your care, such as a family member or friend. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide treatment.

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Right to Request Confidential Communications

You have the right to request that we communicate with you about certain medical matters in a certain way or at a certain location.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this notice at any time.

Right to File a Complaint

Anyone can file a health information privacy or security complaint. Your complaint must:

- Be filed in writing by mail, fax, e-mail, or via the OCR Complaint Portal (<https://ocrportal.hhs.gov>)
- Name the covered entity or business associate involved, and describe the acts or omissions, you believed violated the requirements of the Privacy, Security, or Breach Notification Rules
- Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause"

HIPAA Prohibits Retaliation

Under HIPAA an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.

If you believe that your privacy rights have been violated, you may file a complaint with:

Cobblestone Speech, Language & Learning LLC

10579 Bradford Road, Suite 104
Littleton, CO 80127

Or

U.S. Department of Health & Human Services

Office for Civil Rights
Centralized Case Management Operations
200 Independence Avenue, S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov
Website: <http://www.hhs.gov/hipaa>

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have, as well as any information we receive in the future. We will post any revisions of this notice in our office.

Effective Date of this Notice

This Notice of Privacy Practices is effective starting on January 1, 2011.