

NOTICE OF PRIVACY POLICIES

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully and feel free to ask for any clarification needed.

At Speechlink, Inc. we have always kept your private information, health, and treatment information secure and confidential during and post treatment for seven years or to majority age. The law requires us to provide you with this information and follow the terms of this notice, so we are requesting your signature as acknowledgement of receipt of this information.

The law permits us to use or disclose your health information to those involved in your treatment. The minimal amount of information, pertinent to your care will be disclosed. For example, a review of your file is available at your direction for relevant specialists to you or your child's care: case managers involved in you or your child's care, Academic and Medical Professionals, allied therapists (Occupational Therapy, Physical Therapy, Behavioral Therapy).

We may use or disclose your health information for payment of your services. We may send a report of progress to your case manager or insurance company. Occasionally additional information and treatment notes are requested by insurance companies for extended authorization and appeals.

We use a computer on a secure network to enter client health and payment information, data, diagnosis, and progress.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you regarding appointments and reports. If you are not available, we may leave a message via phone or email. In an emergency we may disclose health information to a family member or another person responsible for you or your child's care.

We may release some or all your health information when required by law. This practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfil your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you for scheduling confirmation or changes, and requests for information we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another specialist, rehabilitation team member or another practice. We will mail your files for you.

You have the right to see and review a copy of your health information, with few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the labor and copies involved.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes your request, but we will be happy to include the statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents but will add new information.

You have the right to receive a copy of this notice at any time.

If we change any of the details of this notice, we will notify you of the changes in writing.

If you are unhappy with management of your health, treatment, or private information, please contact our Privacy Officer, Adrienne Rzepnick at adrienne@speechlinkinc.com or at (949)929-5465. This notice goes into effect as of July 16, 2009.

You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, Washington DC 20201. You will not be retaliated against for filing a complaint.

Acknowledgement: I have received a copy of the Speechlink, Inc. Notice of Privacy Practices.

Print Client Name

Guardian Name

Guardian Signature

Date