



Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides comprehensive guidance with respect to privacy rights concerning the use or disclosure of medical information. This Notice of Privacy Practices describes how your protected medical information may be used and disclosed, as well as the manner in which you can obtain access to this information. Please review this document carefully. This Notice of Privacy Practices applies to Empower Therapy Services, including its providers, associates, employees, contractors, volunteers, staff, students, and any healthcare professionals authorized to enter information into medical records maintained by Empower Therapy Services. These entities may discuss health information for the purposes of health system and payment operations, treatment and evaluation services, and other system operations described in this Notice of Privacy Practices.

Our Pledge Regarding Your Personal Medical Information: Empower Therapy Services is devoted and dedicated to maintaining the privacy of your protected health information (PHI). Protected Health Information refers to information about your health, health care, and payment of health care. Except in the conditions described in the Notice of Privacy Practices, Empower Therapy Services must use or disclose only the minimum necessary Protected Health Information to execute the use or disclosure. We understand that your health information is personal and we are committed to protecting your individually identifiable health information. In conducting our business, we will create records regarding the care, treatment, and evaluations services that are provided to you. We are required by law to maintain the confidentiality of your health information. We are also required to provide you with this Note of Privacy Practices to inform you of our legal responsibilities and privacy practices in effect at Empower Therapy Services, as well as to promote quality, patient-centered care. Federal and state law require adherence to the terms described in this Notice of Privacy Practices. We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revisions or amendments to this Notice of Privacy Practices will be effective for all past, present, and future medical records created or maintained by Empower Therapy Services. In the event that this Notice of Privacy Practices is revised or amended, you may access and review the new version of the Notice of Privacy Practices on our website (www.empowertherapyservices.net). You may also request a copy of the Notice of Privacy Practices from our business office at any time.

Uses and Disclosures of Your Protected Health Information: The following categories describe the means in which Empower Therapy Services may use and disclose medical information without consent. Authorization or opportunity to agree or object the following uses and disclosures is not required by law.

Evaluation/Treatment Services: We may use and disclose your health information to provide speech and language evaluation and treatment service or other related services. We may also use and disclose your health, medical, and treatment information with individuals who coordinate and manage your health care. We may use and disclose your health, medical, and treatment information to physicians, nurses, and other medical personnel and/or health care providers who are providing health care (both within and outside of Empower Therapy Services and/or are involved in your plan of care).

Appointment Reminders. We may use and disclose medical information to contact you as a reminder of an upcoming appointment for speech and language evaluation/treatment services, or associated medical care. Please notify your health care provider and/or associated personnel in the event that you would like to discontinue appointment reminder notifications.

Payment: We may use and disclose your health information to enable treatment, evaluation, and related services received from Empower Therapy Services may be billed to, and payment may be collected from you, an insurance company, and/or third parties that may be responsible for such costs (e.g. family members). We use and disclose your health information to bill you directly for services rendered at Empower Therapy Services. We may also contact your health insurer to certify that you are eligible for benefits (and for what range, duration, and frequency of benefits). We may provide your health insurer with details regarding anticipated evaluation/ treatment services (and/or related services) to determine whether your insurer will pay for these services. We may also use and disclose your health information to other health care providers, health care providers, and/or other entities to assist in the billing and collection efforts to another provider who has participated in your care.

Health Care Operations. We may use or disclose your health information in order to perform business functions and/or health system operations, such as employee evaluations and service improvements to promote service improvements and quality of care. We may use and disclose your health information to Speech-Language Pathologists, students, and other personnel in order to constantly improve and enhance the services that we provide. We may use and disclose your health information for the purpose of appointment reminders. Empower Therapy Services may contact you in order to remind you of an upcoming appointment for medical, treatment, or evaluation services.

Health Related Benefits and Services. We may use and disclose medical information to inform you about speech and language evaluation and treatment services, health related benefits, and associated medical services.

Individuals Involved in Your Care or Payment for Your Care. We may release information regarding your medical information to family member(s) and/or other designated personnel involved in your medical plan of care, such as friends and family members. We may also provide medical information to individuals who assist in payment of your care. We may disclose medical information regarding your plan of care to a disaster relief agency in order to inform and notify your designated family member(s) and personnel of your condition, status, and location.

Health Oversight Activities. We may disclose medical information to health oversight governmental agencies for activities authorized by law. Such oversight activities may include (but are not limited to): monitoring and/or licensing of health care providers and medical personnel, audits, investigations, and inspections.

Public Health Risks and Activities. We may be required to report your health information to public health governmental agencies and authorities in an effort to prevent or control disease, disability, and/or injury. We also may have to report work-related illnesses, ailments, and injuries to your employer as means of monitoring safety in your workplace. We may also disclose your health information regarding medical safety issues and adverse effects to the federal Food and Drug Administration's MedWatch program. We may also disclose your health information in order to report disease and/or infection exposure.

When Required by Law. We may be required to use or disclose your Protected Health Information to law enforcement officers, courts or government agencies, as deemed necessary. We will use and disclose you your Protected Health Information when required to do so by federal, state, or local law.

For activities related to death. We may be required to disclose your health information to medical examiners, coroners, and funeral directors to enable appropriate personnel to manage duties and activities related to your death. Such activities include, but are not limited to: determining the cause of death and preparing your body for burial. We may disclose your information to personnel involved in locating, storing, and/or transplanting donor tissues and/or organs.

For specific government functions. Certain circumstances may require Empower Therapy Services to disclose health information for national security and intelligence reasons. We may disclose your medical information to military officers and veterans, correctional facilities, and government benefit programs as required by law.

To avert a threat to health or safety. In order to avoid a serious threat to health or safety, we may disclose your health information to law enforcement officers or other related personnel who may lessen or prevent a threat to health or safety.

For workers' compensation purposes. We may disclose your health information to Worker's Compensation and associated government authorities, as required by workers' compensation laws. The purpose of this program is to provide benefits for individuals who suffer from work-related injury or illness.

Victims of Abuse, Neglect, or Domestic Violence. We may disclose pertinent health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence, in the event that we suspect that you have been considered a victim in such case.

Judicial and Administrative Proceedings. We may disclose your health information in the event of an administrative or judicial proceeding, including in response to a court order.

Uses and Disclosures of Your Protected Health Information That Require Your Consent

Empower Therapy Services may disclose your Protected Health Information in the following situations if we first inform you about the disclosure and you do not object. The following uses and disclosures of your Protected Health Information will be made only with your written permission. You may withdraw from these situations at any time.

Fundraising Purposes. We may use certain information (i.e., demographic information, departments of service, dates of services, treating physicians, and therapeutic outcomes) to submit fundraising communications to you. You may voluntarily discontinue and/or opt out of receipt of fundraising communications at any time. Your decision to opt-out will have no impact on your therapeutic treatment.

Research. In an effort to serve our patient community, certain circumstances may require Empower Therapy Services to use and disclose your medical information for research purposes. All research studies are subject to an approval process requiring your prior permission. However, we may use and disclose your medical information to individuals in preparation of conducting research studies. For example, Empower Therapy Services may assist individuals in searching for patients who present with specific medical needs. The medical information that is reviewed shall not be removed from the premises.

For marketing purposes. We will not contact you via telephone or postal in order to promote a particular product or service without your permission, unless such communication modalities are part of your treatment protocol or associated medical services. We will not sell or disclose your Protected Health Information to any person or company seeking to market products or services to you without your written consent.

Speech and Language Treatment/Evaluation Documentation. We will not use or disclose therapeutic notes and documentation without your permission, unless the use and disclosure is for the purpose of: on-site student training, response to a required court order, or for the sole use of the medical professional who created the documentation.

For any other purposes not described in this Notice. Disclosures of medical information that are not related to treatment, payment, or health care operations, or are not otherwise covered by this notice can be made only with your specific written authorization. You may revoke authorization at any time, via written request. In the event that you revoke your permission, Empower Therapy Services will no longer use or disclose your medical information for the purposes covered by your written authorization. However, Empower Therapy Services will not be able to rescind any disclosures that have already been established with your prior permission.

Your Rights Regarding Your Protected Health Information:

To inspect and request a copy of your Protected Health Information. You have the right to inspect and obtain a copy of your Protected Health Information that may be used to make decisions about your care in most cases. This information typically includes medical, therapy, and billing records. However, you may not view or copy notes, information compiled for use in or created in anticipation of criminal, civil,

or administrative action or proceeding, information collected for use in a legal or government action, or certain laboratory results subject to the Clinical Laboratories Improvement Act of 1988. You may place a written request for approved therapy notes and records to Empower Therapy Services. If we use or maintain the requested information electronically, you may request such information in electronic format. Requests for copies of medical information and therapeutic documentation may be subject to copy, mail, and/or supply fees associated with your request.

To request confidential communication methods. We must adhere to any written requests made to contain you at a certain mailing address or via a certain communication modality, as well as the request is deemed reasonable and appropriate. You have the right to request that we communicate with you about medical matters in a certain manner, such as only at a particular phone number or email address. You must make your request for confidential communications in writing to Empower Therapy Services.

To request a restriction on the use or disclosure of your Protected Health Information. You may place a written request to limit the manner in which we use or disclose your information. However, we may not have to agree to your request, depending on the particular request. Empower Therapy Services cannot limit uses or disclosures of health information that are required by law. We must agree to requests to refrain from sending Protected Health Information to a health plan for purposes of payment, reimbursement, and/or health care operations if you previously paid in full for the related speech and language evaluation and/or treatment service (or associated medical service). If Empower Therapy Services agrees and adheres to all or part of your request, such agreement will be made in writing and observed, with the exception of emergency situations. Again, Empower Therapy Services cannot limit uses or disclosures of health information that are required by law.

To request that we correct your Protected Health Information. You may place a written request to correct a medical file in the event that you feel as though a medical error exists regarding your health information. Empower Therapy Services may deny your request should we find that the file is correct and complete, not created by our company, and/or not allowed to be disclosed. In the event that your request is denied, Empower Therapy Services will explain the reasoning for the denial. We will also explain your right related to the request, denial, and written responses in your medical file. In the event that your request is approved, Empower Therapy Services will implement an addendum to the file and report the associated updates to you. We will also inform the necessary associated personnel regarding the updated changes to your file.

To determine disclosures that have been made. You may place a written request to obtain information related to “what,” “when,” “why,” and “to whom” your Protected Health Information has been disclosed since the commencement of Empower Therapy Services. We must respond to any written request within 60 days of receipt. Associated charges may be required, in the event that more than 1 written request is made in this area per year. Empower Therapy Services will not provide the following information: disclosures made to you or for purposes of evaluation and treatment services, payment, health care operations not associated with the use of electronic medical records, law enforcement, national security, our patient directory, and certain health oversight activities.

To receive notification if your records have been breached. Empower Therapy Services will notify you if there has been an acquisition, access, use, or disclosure of your Protected Health Information in a

manner that is not permitted under the law and which Empower Therapy Services required by law to report to you. We will review any suspected breach and circumstances to determine the appropriate response to such event(s).

To obtain a paper copy of this Notice. Empower Therapy Services will provide you with a copy of this Notice at any time, following your request. Please contact us directly with any questions about your rights listed in this Notice. Current copies of this Notice will be available at our office, via written request. The current notice will also be posted on our website, www.empowertherapyservices.net

Changes to this Notice: We reserve the right to alter the information in this Notice at any time. We reserve the right to make the updated Notice (containing any revisions or changes) effective for medical information already obtained, as well as any information that may be obtained in the future.

COMPLAINTS

If you believe that your privacy rights have been violated or if you disagree with a decision made about your Protected Health Information, you may file a formal complaint to the Office of Civil Rights (OCR) via:

Office for Civil Rights Headquarters
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-800-368-1019
TTD Number: 1-800-537-7697

All complaints must be submitted in writing. Empower Therapy Services will take no action against you for filing a complaint.

Effective Date: This Notice is effective on October 20, 2024

Empower Therapy Services is required by law to provide individuals with this Notice and maintain the privacy of our legal duties, obligations, and privacy practices with respect to Protected Health Information. If you have any objections to this form, please ask to speak with a HIPAA Compliance Officer in person or by phone by speaking with a representative of Empower Therapy Services.

The signature below acknowledges that you have receive this notice of our Privacy Practices.

Patient's Name: _____

Responsible Party's Printed Name: _____

Responsible Party's Signature: _____

Date: _____