

Community Care LLC  
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# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

## EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 21st, 2023.

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

## I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this therapy practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request and on our website.

## II. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment, Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your PHI for the treatment activities of any health care provider involved in coordinating your care. This can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is

otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. We may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, internal audits to improve our services and other documentation. We may also use your information to tell you about treatment alternatives or health-related benefits (such as new services for which you may be interested) and services that may be of interest to you.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

**For Training Purposes:** We may share health information for the use in training or supervising rehabilitation practitioners to help them improve their skills in assessment, intervention, and education. The trainees or students being supervised are trained and asked to protect your information in the same way that we do as your provider.

**For Fundraising:** We may contact you to raise funds for our benefit. These communications will tell you how you can opt out from receiving them in the future, and we will never condition your treatment or payment for services on whether you choose to opt out.

**To Third Parties who Perform Services on Our Behalf:** We use third parties to provide services for us that require them to use your information (called "Business Associates"). For example, your treatment records are securely maintained within an electronic medical record system ("Simple Practice"). Simple Practice maintains your information on our behalf and makes it available to your other healthcare providers outside of Community Care LLC so we can coordinate your care. We have agreements with our Business Associates, such as Simple Practice, that obligate them to protect your information in the same way that we do as your provider.

**To Others Involved in Your Care:** In some cases, we may disclose your information to a member of your family, a relative, a close friend, or other person you identify who is directly involved in your health care or payment of bills related to your health care. If you are seriously injured and unable to make a health care decision for yourself, we may disclose your information to a family member if we determine it is in your best interest.

**When Required by Law:** We may disclose your information when the law requires it. For example, we may disclose your information to a person who has authority under the law to act on your behalf; to report suspected victims of abuse, neglect, or domestic violence; for judicial and administrative proceedings; and to law enforcement officials to assist them in their law enforcement duties to the extent permitted by law.

**For Public Health Activities:** We may disclose your information to a public health authority authorized by law to collect or receive information to prevent or control disease, injury or disability or to report vital statistics; to a government authority authorized by law to receive reports or child neglect or abuse; and to the Food and Drug Administration for its reporting and tracking requirements.

**For Health Oversight Activities:** We may disclose your information to a health oversight agency for oversight activities authorized by law including audits; civil, administrative, or criminal proceedings or the healthcare system and government benefit programs. This can include use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA or the provider of the rehabilitation services.

**To Avert a Serious Threat to Health or Safety:** To the extent permitted by law and ethical conduct, we may disclose your information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**For Workers Compensation:** We may disclose your information to workers compensation programs which provide benefits for work-related injuries.

**For law enforcement purposes:** We may disclose your information if it is related to a law enforcement related matter, such as reporting crimes occurring on my premises.

**For research purposes:** We may use or disclose your information for limited research purposes, including studying and comparing the assessment and intervention techniques of patients who received one form of therapy versus those who received another form of therapy for the same condition.

**Specialized government functions:** We may use or disclose your information as necessary for certain governmental functions including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

**For Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) 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. Additionally, we may use your health information in defense of Community Care LLC in legal proceedings instituted by you.

### **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

Other than as described above, we must obtain your express written authorization to use or disclose your information, including with some exceptions, to use or disclose psychotherapy notes, if any, we have about you; for marketing purposes; and for any sale of your information.

**Disclosures to family, friends, or others:** You have the right and choice to tell our practice that we may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious. Once we disclose your information based on your authorization, the disclosed information may no longer be protected and may be re-disclosed by the recipient without your knowledge or authorization. You may revoke your authorization in writing at any time, but we cannot retrieve disclosures we have already made based on your prior authorization.

**For Marketing Purposes:** We will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if we request a review from you and plan to share the review publically online or elsewhere to advertise our services or our practice, we will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," we will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, we will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to Community Care LLC via email ([slp4thecommunity@gmail.com](mailto:slp4thecommunity@gmail.com)) or via certified mail to my address. Once we have received your written withdrawal of consent, we will remove your review from our website and from any other places where we have posted it. We cannot guarantee that others who may have copied your review from our website or from other locations will also remove the review. This is a risk that we want you to be aware of, should you give Community Care LLC permission to post your review.

**Regarding the Sale of PHI.** We will never sell your PHI.

### **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

You have the following rights regarding your information. If you would like to exercise any of these rights, please submit your requests in writing to Community Care LLC at the address on the first page of this Notice.

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. Ask us how to do this. In certain situations, we may deny your request. You may have the right to ask for a review of the denial. If we maintain the information electronically, you can also request that we provide an electronic copy to you or to someone you designate. If the information is not in the form or format you request, and is not readily producible in such form and format, we will provide you with the information in our standard electronic format. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable cost based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes *other than* treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). Ask us how to do this. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to Receive a Notice of Certain Breaches. We will notify you in the event that we or one of our Business Associates experiences a breach of your information, as required by law.
12. The Right to File a Complaint. You can file a complaint if you feel we have violated your rights by contacting Community Care LLC using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

## VII. CHANGES TO THIS NOTICE

We can change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request and on our website.