109 N Main ST
Sweeny, TX 77480
979-243-9100
877-335-8374
admin@southernspeechtherapyclinic.com

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

TREATMENT

We may use protected health information (PHI) about you to provide you with medical services. We may disclose PHI to doctors, nurses, technicians, speech pathology students or other personnel who are involved in taking care of you including office staff.

PAYMENT

We may use and disclose PHI so that we may bill for treatment and services you receive and can collect payment from you, an insurance company or another third party. We may also disclose PHI to obtain prior authorization for a service you will receive or to determine if your plan will cover the treatment. In the event a bill is overdue we may need to give PHI to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

For payment, debit/credit cards, FSA/ HSA card, checks and cash are accepted.

APPT. REMINDERS/TREATMENT ALT./HEALTH-RELATED BEN./SERVICES

We may use and disclose PHI to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you. SMS may be used to communicate with you.

FUNDRAISING ACTIVITIES

We may use your demographic information to contact you in an effort to raise money for Southern Speech, PLLC. Any fundraising letter you receive from us will provide you with instructions on how to opt out of any future fundraising letters. We will not use your diagnosis to fundraise unless you authorize us to do so in writing.

USE OF AUDIO RECORDING

During speech therapy sessions the provider uses a tool called SLPFlow to create accurate, complete notes. The use of this application helps the provider stay focused on therapy, rather than typing, by recording the patient's session. The recording is voice only- the patient's face will NOT be recorded. Everything that is recorded stays private and is reviewed by the provider before it is added to the patient's chart. You may withdraw consent at any time.

THIRD PARTIES

We will not share any personal or health related information to a third party for the purpose of marketing.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT OF YOUR CARE

We may release PHI to a person who is involved in your medical care or helps pay for your care that is listed on your signed "Non- Doctor Authorization Release Form " , such as a family member or friend. We

may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort or medical emergency.

AS REQUIRED BY LAW

We will disclose PHI about you when required to do so when international, federal, state or local law requires us to do so.

TO AVERT A SERIOUS 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. Any disclosure, however, will be to someone who may be able to help prevent the threat.

BUSINESS ASSOCIATES

We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. However, these associates are also obligated to protect your PHI just as we are.

MILITARY OR VETERANS

If you are a member of the armed forces, we may release PHI as required by military command authorities including foreign military if you are a member of such.

WORKER'S COMPENSATION

We may release PHI for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALH RISKS

We may disclose PHI for public health activities. These activities generally include disclosures to: a person subject to the jurisdiction of the FDA for purposes related to the quality, safety or control of disease, injury or disability; report reactions to medications or problems with products; notify people of recalls on 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 ; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to make such disclosure.

HEALTH OVERSIGHT ACTIVITIES

We may disclose PHI to health oversight agencies for activities authorized by law. These oversight activities include, but not limited to, 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 limited

circumstances, we are unable to obtain the person's agreement; 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/PROTECTIVE SERVICES

We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We also may disclose PHI to authorized federal officials so they may conduct special investigations and provide protection to the President, other authorized persons and foreign heads of state.

OTHER USES OF PHI INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke your permission at any time by submitting a written request to Southern Speech, except to the extent that we acted in reliance on your permission.

YOUR RIGHTS REGARDING PHI 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 inspect and copy PHI that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

RIGHT TO REQUEST AMENDMENTS

If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as Southern Speech keeps the information. A request for amendments must be submitted, in writing, to Southern Speech at the address provided at the end of this notice.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" of PHI. This is a list of certain disclosures we made of PHI. We may charge you for the costs of providing the list.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment or payment. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

You have the right to request that we communicate with you about your treatment in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. WE will accommodate reasonable requests.

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.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or change notice effective for PHI we already have as well as any new information we receive in the future. We will post a copy of the current notice in the office with the effective date of the current notice and when it took effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Southern Speech, PLLC or with the Texas Department of Licensing and Regulations in Austin.

HOW TO EXERCISE YOU RIGHTS

To exercise your rights described in the notice, send your request in writing to Southern Speech, PLLC, 109 N Main ST, Sweeny, TX 77480. If you have any questions you may contact Southern Speech at 979-248-7369.

Last Updated 12/18/2025

I acknowledge that I was provided with a copy of the privacy practices in compliance of HIPPA.

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Client Signature Date