THIS NOTICE DESCRIBES HOW YOUR CHILD'S HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

Lakeside Language & Literacy Therapy, PLLC ("I," "my," or "the practice") is committed to protecting the privacy and security of your child's protected health information ("PHI"). This Notice describes how we may use and disclose your child's health information and explains your rights regarding that information.

MY LEGAL DUTIES

I am required by law to:

• Maintain the privacy and security of your child's protected health information.

• Provide you with this Notice of Privacy Practices.

• Follow the terms of the Notice currently in effect.

• Notify affected individuals following a breach of unsecured protected health information when required by law.

• Comply with applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA).

I reserve the right to revise this Notice at any time. Any revised Notice will apply to all protected health information I maintain and will be available upon request. You will be informed of any changes to this Notice.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION

Treatment

I may use and disclose your child's health information to provide speech-language pathology services and coordinate care with other professionals involved in your child's treatment.

Examples include communicating with physicians, psychologists, occupational therapists, physical therapists, audiologists, or other healthcare providers involved in your child's care.

Payment

I may use and disclose health information to obtain payment for services provided. This may include billing insurance companies, benefit administrators, health plans, or other responsible parties.

Healthcare Operations

I may use and disclose health information for activities necessary to operate our practice. These activities may include quality improvement, professional training, compliance reviews, licensing requirements, audits, credentialing, business planning, and administrative functions.

Appointment Reminders and Service Information

I may contact you regarding appointments, scheduling changes, billing matters, or information about services that may benefit your child.

Electronic Records and Communications

I maintain electronic health records and may communicate through secure electronic systems, telehealth platforms, patient portals, electronic billing systems, encrypted email, and other HIPAA-compliant technologies.

Individuals Involved in Care

Unless you object, I may share relevant information with parents, legal guardians, caregivers, or other individuals involved in your child's care or payment for services.

Required by Law

I may disclose health information when required by federal, state, or local law.

Public Health and Safety Activities

I may disclose information when required to report suspected abuse or neglect, comply with public health requirements, respond to health oversight activities, or prevent a serious threat to the health or safety of an individual or the public.

Judicial and Administrative Proceedings

I may disclose health information in response to a court order, subpoena, or other lawful legal process as permitted or required by law.

USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Except as otherwise described in this Notice or permitted by law, I will obtain your written authorization before using or disclosing your child's protected health information.

With your written authorization, information may be shared with:

• Schools and school districts

• Teachers and educational teams

• Educational advocates

• Outside evaluators

• Physicians and healthcare providers not otherwise involved in treatment

• Other individuals or organizations designated by you

You may revoke an authorization at any time in writing, except to the extent that we have already relied on it.

Marketing and Sale of Information

I will not use or disclose your child's protected health information for marketing purposes or sell protected health information without your written authorization, except as permitted by law.

YOUR RIGHTS

You have the right to:

Request Restrictions

You may request restrictions on certain uses and disclosures of your child's protected health information. I am not required to agree to every request, but I will comply when required by law.

Request Confidential Communications

You may request that we communicate with you in a specific way or at a specific location. I will accommodate reasonable requests.

Inspect and Obtain Copies of Records

You have the right to inspect and obtain a copy of your child's health records, subject to applicable legal limitations. I may charge a reasonable, cost-based fee for copies when permitted by law.

Request Amendments

If you believe information in your child's record is incorrect or incomplete, you may request that it be amended. I may deny the request in certain circumstances, but I will provide a written explanation if I do so.

Receive an Accounting of Disclosures

You have the right to request a list of certain disclosures of protected health information made by the practice. This accounting will not include disclosures made for treatment, payment, healthcare operations, or other exceptions permitted by law.

Restrict Disclosure to Health Plans

If you pay for a service in full out-of-pocket, you may request that we not disclose information about that service to a health plan for payment or healthcare operations purposes. I will comply with such requests when required by law.

Receive a Copy of this Notice

You have the right to receive a paper or electronic copy of this Notice at any time.

RECORD RETENTION

Records are maintained in accordance with applicable federal and Illinois laws, professional standards, and record retention requirements.

COMPLAINTS

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

Devon Killoran, M.A., CCC-SLP

Owner, Lakeside Language & Literacy Therapy, PLLC

Phone: 678-296-7519

Email: devon@theliteracytherapist.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a complaint.