



# Patient Rights



As a patient receiving speech/occupational/physical therapy services, you have the right within the limits of the law, to:

- Receive considerate, respectful, compassionate care regardless of age, gender, race, national origin, religion, gender preference, or disability. Receive care in a safe environment free from all forms of abuse, neglect, or harassment and have your property treated with dignity and respect.
- Be fully informed of the care and treatment provided by us, cost of care, and how payment will be handled.
- Be informed of treatment plan and participate in the development and implementation of plan of care. Receive a clear explanation of evaluation results; be informed of potential or lack of potential for improvement.
- Be provided with services in a timely and competent manner, which includes referral to other appropriate professionals when necessary.
- Be told the name of healthcare provider and the professional qualifications of the person providing services. Expect all care will be delivered by or under the supervision of a Speech Language, Occupational, or Physical Therapist.
- Expect full consideration of privacy and confidentiality in care discussions, evaluations, and treatments. Expect all communication and records are confidential, unless disclosure is allowed by law.
- Request a copy of and/or review of clinical records, receive an explanation of record entries, and request correction of inaccurate records.
- Be told in a timely manner of discharge and be involved in discharge plan.
- Request or refuse treatment and receive information regarding the consequences of refusing treatment. Change healthcare providers if dissatisfied with care.

## HIPAA NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information may be used and disclosed and how you can access it.*

As a patient receiving speech/occupational/physical therapy services, you have the right within the limits of the law, to:

- *Get an electronic or paper copy of medical record:* You can ask to see or get an electronic or paper copy of medical records and other health information we have. Ask us how to do this. We will provide a copy or summary of health information, usually within 30 days of request. We may charge a reasonable, cost-based fee.
- *Correct medical record:* You can ask us to correct health information that is incorrect or incomplete. Your request must be made in writing and include a reason supporting your request. We may decline your request, but will tell you why in writing within 60 days.
- *Request confidential communications:* You can ask us to contact you in a specific way (i.e. home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- *Ask us to limit what we use or share:* You can ask us not to use or share certain health information for treatment/ payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with health insurer. We will say “yes” unless a law requires us to share that information.
- *Get a list of those with whom we’ve shared information:* You can ask for a list (accounting) of the times we’ve shared health information for 6 years prior to the date requested, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as releases you request). We will provide 1 accounting a year for free, but will charge a reasonable, cost-based fee if asked for additional accounting(s) within 12 months.
- *Get a copy of this privacy notice:* We may change this notice at any time. Changes may apply to information we already have and any new information. Copies of the new notice will be made available at the Front Office. The notice will have a date on it to tell you when it went into effect.
- *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 exercise your rights and make choices about health information. We will make sure the person has this authority and can act for you before we take any action.
- *File a complaint if you feel rights are violated:* You can complain if you feel we have violated your rights by contact the number on the last page. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling (877) 696-6775, or 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.
- *For certain health information, you can tell us your choices about what we share:* If you have a clear preference for how we share information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. We use a compliant HIPAA authorization form to carry out the release of information. You have both the right and choice to tell us to share information with your family, close friends, or others involved in care or share information in a disaster relief situation. We never share information unless given written permission for marketing purposes or sale of information. We may contact you for fundraising efforts, but you can tell us not to contact you again.

### ***How do we typically use or share health information?***

- *Treatment:* We can use health information and share it with other professionals within care team; example: a therapist treating you discusses your condition with your physician or other healthcare professional regarding your care.
- *Running our organization:* We can use health information to run our practice, perform peer reviews and contact you when necessary; example: We use health information to manage treatment and services.
- *Billing for services:* We can use and share health information to bill and get payment from health plans or other entities; example: we give information to health insurance plan so it will pay for services.
- *Appointment reminders:* We may use and disclose medical information to contact you as a reminder of an appointment for therapy. You may receive the reminders via call, voicemail, text message or email. If you do not wish to receive appointment reminders, be sure to notify the Front Office in writing.

### ***How else can we use or share health information?***

We have to meet many conditions in the law before we can share information for these purposes. For more information, visit: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- *Help with public health and safety issues:* We can share health information for certain situations, such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- *Do research:* We can use or share information for health research if we have de-identified the personal identifying data. We can share information with your authorization.
- *Comply with the law:* We will share information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- *Address worker's compensation, law enforcement, and other government requests:* We can use or share health information for worker's compensation claims, law enforcement purposes or with a law enforcement official, health oversight agencies for activities authorized by law, special government functions, such as military, national security, and presidential protective services.
- *Respond to lawsuits and legal actions:* We can share health information in response to a court or administrative order, or in response to a subpoena.

### ***Our Responsibilities***

We are required by law to maintain the privacy and security of protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of this information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share information other than as described herein, unless we have your written permission. If so, you may change your mind at any time. Let us know in writing if you change your mind.

### ***Changes to the Terms of this Notice***

We can change the terms of this notice, and the changes will apply to all information we have. The new notice will be available upon request and in our office.

### ***Crow Therapies' HIPPA Officer and Contact Information:***

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