

HIPAA Compliance Documentation

Speech and Spoon LLC

Est. April 2025

At Speech and Spoon, we are committed to protecting the privacy and confidentiality of our clients' health information as required by the Health Insurance Portability and Accountability Act (HIPAA). This policy outlines how we collect, use, and safeguard your personal health information.

Protected Health Information (PHI):

Protected Health Information (PHI) refers to any information that identifies an individual and relates to their past, present, or future physical or mental health condition, including treatment and payment information.

Our Commitment to HIPAA Compliance:

- **Confidentiality of Health Records:**

We ensure that all client health records, including personal and medical details, therapy notes, and treatment plans, are kept confidential and secure.

- **Usage and Disclosure of PHI:**

We will only use or disclose your PHI for the following purposes:

- **Treatment:** To coordinate care with other healthcare providers.
- **Payment:** For billing and insurance purposes.
- **Healthcare Operations:** To improve the quality of services we offer.
- **Legal and Regulatory Compliance:** As required by law or regulatory bodies.
- **With written consent:** Any other use will require your explicit written consent.

- **Patient Rights:**

- **Right to Access:** You may request a copy of your health records at any time.

- **Right to Amend:** You may request corrections to your records if you believe any information is incorrect.
- **Right to Confidential Communication:** You may request that we communicate with you through specific means or at certain locations.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Department of Health and Human Services.
- **Data Security Measures:**

We take the following steps to protect your PHI:

 - Secure electronic records using password protection and encryption.
 - Physical safeguards, including locked filing cabinets for paper records.
 - Staff training on maintaining confidentiality.
- **Breach Notification:**

In the event of a breach of your PHI, we will promptly notify you, as required by HIPAA, and take corrective measures to mitigate any risks to your privacy.
- **Retention of PHI:**

We will retain your health information for the period required by law and our internal policies. When no longer needed, we will safely dispose of the records.

Acknowledgment of Receipt:

By signing below, you acknowledge that you have received and understood this HIPAA Compliance Documentation and consent to the use and disclosure of your health information as described above.

Client/ Parent Name: _____

Client/ Parent Signature: _____

Date: _____

Client/ Parent Name: _____

Client/ Parent Signature: _____

Date: _____