



# Solutions Therapy and Learning

Advance Speech Therapy Services, Inc & KidPro Therapies, Inc

772-336-6928

info@solutionstherapyandlearning.com

solutionstherapyandlearning.com

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and controls your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by our organization, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

**Your Rights:** Following is a statement of your rights with respect to your protected health information.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

**Complaints:** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact with your complaint. **We will not retaliate against you for filing a complaint.**





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**We are required by law** to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information.

**We welcome your comments:** Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

Link to NPP:

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.floridahealth.gov/about/patient-rights-and-safety/hipaa/\_documents/notice-of-privacy-practices-eng.pdf

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have read and had an opportunity to ask questions concerning Solutions: A Combined Center for Therapy and Learning and Advance Speech Therapy Services Inc., and KidPro Therapies, Inc. Notice of Privacy Practice. This is to acknowledge that you have authorized us to:

1. Leave a detailed message, which may include appointment times, test results, diagnosis or billing information on voicemail. Yes No
2. Leave a detailed message, which may include appointment times, test results, diagnosis or billing information via text message. Yes No
3. If not available, leave a detailed message with individual(s) answering the phone number provided, which may include appointment times, test results, diagnosis or billing information. Yes No

Please name individuals that you hereby authorize on your behalf to speak with this office regarding all aspects of your medical chart, i.e., health conditions, results and financial history.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Patient's Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

