



NOTICE OF PRIVACY PRACTICES

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice lists how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. A detailed description of each item is available upon request.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we have shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.*
- Include you in a hospital directory.*
- Provide mental health care.*
- Market our services and sell your information.*
- Raise funds.*

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.*
- Work with a medical examiner or funeral director.*
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

*Item is not relevant to Ann Arbor Speech & Language Therapy Center, LLC