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HIPAA - Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Protection of Health Information: Your health information is kept private according to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1966 (HIPAA) and you are provided with notices of the legal duties and privacy practices within this practice. Your protected health information in information that relates to your past, present, or future health care. This includes your medication history, diagnostic evaluations, and therapeutic services. Uses and Disclosures of Your Protected Health Information: Disclosure of your health information may occur for health care operations. Examples of operations in which protected health information disclosures may occur include insurance and billing, management, financial or quality assurance audits, law enforcement purposes, education, referring to other services, and receiving information from other professionals that may have treated you in the past. Your protected health information may be used for treatment purposes including provisions, coordination, or management of services. Some other examples of disclosures include the following: - Messages may be left on your answering machine regarding your appointment or to request that you contact this office - Medical records may need to be transferred to another location - Disclosures may also be made to student observers or therapists who participate in health care operations and commit to respect the privacy of your health information Your Rights Regarding Your Health Information: You have the right to review your health information which might include intake information, evaluation, session notes, goals, and progress notes. For all other purposes beyond those listed above, your written authorization will be required to use, disclose, or restrict your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization. Revocations must be in writing. You may also initiate the process for your information to be sent to someone else using an authorization form or written request. To request further restriction or disclosure, you must submit a written request that explains what information you want restricted, how you want the information restricted, and from whom you want the restriction to apply. Notice of Privacy Practices: By law, this practice abides by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this

notice at any time. The revised notice will be available on request from our office
Complaints: If you believe that your privacy rights have been violated, you may submit a complaint to this practice or to the U. S. Department of Health and Human Services. To file a complaint with the practice, submit the complaint in writing. You will not be penalized or retaliated against for filing a complaint and your identity will be kept confidential.

Acknowledgment That You Have Received Our HIPAA Notice of Privacy Practices from Dina Ezagui, MS, CCC-SLP is required by law to keep your health information safe. This information may include: • notes from your doctor, teacher, or other health care provider • your medical history • your test results • treatment notes • We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared. It also tells you how you can look at and comment on your information. By signing this page, you are saying that you have reviewed and been offered a copy of our privacy notice.

_____	_____	Print Patient's
Name	Date	
_____	_____	Patient or
Spouse/Guardian Signature	Relationship to Patient	