

# Notice of Privacy Practices

---

## NOTICE OF PRIVACY PRACTICES

### Practice Contact Information

Thrive Talk Tools Speech Pathology, Inc.

Natalie Murray, M.S., CCC-SLP

626-830-2081

natalie@thrivetalktools.com

---

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

---

## I. OUR COMMITMENT TO YOUR CHILD'S HEALTH INFORMATION

At Thrive Talk Tools, we understand that health information about your child and family is personal and private. We are committed to protecting the confidentiality of your child's health information.

We create and maintain records of the evaluation, therapy, and services your child receives. These records help us:

- Provide high-quality, coordinated care
- Communicate with authorized providers and funding agencies (such as the Regional Center)
- Comply with legal and professional requirements

This Notice applies to all records created by Thrive Talk Tools related to your child's care.

By law, we are required to:

- Protect protected health information ("PHI") that identifies your child
- Provide you with this Notice explaining our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

We may update this Notice as laws or practices change. Any updated Notice will apply to all information we maintain and will be available upon request, in our office, and on our website (if applicable).

---

## II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following sections describe how we may use and share your child's PHI. Not every situation is listed, but all uses and disclosures fall within these categories.

### For Treatment, Payment, and Health Care Operations

We may use or disclose your child's PHI without written authorization to:

- Provide speech-language evaluation and therapy
- Coordinate care with other professionals (e.g., physicians, early intervention providers)
- Communicate with the Regional Center or other authorized funding sources
- Maintain clinical records and improve our services

For example, we may share relevant information with another licensed provider to support coordinated care or with the Regional Center to document authorized services.

Disclosures for treatment purposes are **not limited to the minimum necessary**, as providers may need full information to provide appropriate care.

---

## Legal Matters

If required by law, we may disclose PHI in response to:

- Court orders or administrative orders
- Subpoenas or lawful requests

Whenever possible, we will make reasonable efforts to notify you or obtain appropriate protections for the information.

---

## III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

### Session Notes

We maintain session documentation related to your child's services. Any use or disclosure of session notes requires your written authorization **unless** the disclosure is:

- For treatment purposes
- For supervision or training
- To defend against a legal claim initiated by you
- Required by law or government oversight
- Necessary to prevent a serious threat to health or safety

### Marketing and Sale of Information

- We **do not use or share PHI for marketing purposes**
  - We **do not sell PHI**
- 

## IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

We may use or disclose PHI without authorization when permitted or required by law, including:

- Public health and safety reporting (e.g., suspected child abuse or neglect)
  - Health oversight activities (audits or investigations)
  - Judicial or administrative proceedings
  - Law enforcement purposes
  - Coroners or medical examiners
  - Research activities (when allowed by law)
  - Workers' compensation claims
  - Appointment reminders and communication about services
- 

## V. DISCLOSURES WITH THE OPPORTUNITY TO OBJECT

We may share PHI with family members, caregivers, or others involved in your child's care or payment for services, unless you object. In emergencies, consent may be obtained after the disclosure.

---

## VI. YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the right to:

- **Request limits** on how PHI is used or disclosed (we may not always be able to agree)
- **Request restrictions** if you paid for services out-of-pocket in full
- **Request confidential communication**, such as preferred contact methods
- **Access and receive copies** of your child's records (excluding session notes)
- **Request an accounting of disclosures**
- **Request corrections** if you believe information is inaccurate or incomplete
- **Receive a paper or electronic copy** of this Notice at any time

Requests must be made in writing. We will respond within the timeframes required by law.

---

### EFFECTIVE DATE

This Notice of Privacy Practices is effective as of:

**[INSERT EFFECTIVE DATE]**

---

### ACKNOWLEDGMENT OF RECEIPT

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of protected health information.

By signing below, you acknowledge that you have received a copy of the **Notice of Privacy Practices** from Thrive Talk Tools Speech Pathology, Inc.

---