Speech & Literacy Connection

NOTICE OF PRIVACY PRACTICES

Speech & Literacy Connection — A Speech-Language Pathology Corporation

Effective Date: June 15, 2026

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.

In this notice, *"you" and "your"* include your child when your child is the client, and *"health information"* means information that identifies the client and relates to the client's evaluation, treatment, or payment for services.

1. Our Commitment to Your Privacy

Speech & Literacy Connection is required by law to:

- Keep your health information private and secure
- Give you this notice describing our legal duties and privacy practices
- Follow the terms of the notice currently in effect
- Notify you if a breach occurs that may have compromised the privacy or security of your unsecured health information

2. How We May Use and Share Health Information

Treatment

We may use health information to provide speech-language pathology and literacy services, coordinate care, and support treatment planning. Examples include:

- Discussing therapy progress with parents or legal guardians
- Reviewing records provided by other professionals
- Communicating with other providers when authorized by you or, for a child, the parent or legal guardian
- Contacting you with appointment reminders or scheduling information

Payment

We may use health information to process payments, maintain billing records, and provide financial documentation for services you receive. Speech & Literacy Connection is a private-pay practice and does not bill insurance.

Health Care Operations

We may use health information to run our practice, including:

- Scheduling appointments
- Maintaining clinical records

- Improving services and practice operations
- Meeting legal and professional requirements
- Working with business associates (such as secure record-keeping or scheduling services) that have agreed in writing to protect your information

3. When We May Share Information Without Your Authorization

We may share health information without your written authorization when required or permitted by law, including for:

- Suspected child abuse or neglect
- Medical emergencies, or to prevent a serious threat to health or safety
- Court orders, subpoenas, or other legal requirements
- Public health reporting obligations
- Health oversight activities authorized by law
- Workers' compensation claims, in the rare case that services relate to a work-related injury

Whenever possible, we will share only the minimum information necessary.

4. Uses That Require Your Written Authorization

Except as described in this notice, we will not use or share your health information without your written authorization. We will always get your written authorization before:

- Using your health information for marketing purposes
- Selling your health information

If you give us authorization, you may revoke it in writing at any time. Once revoked, we will stop the use or sharing it covered, except where we have already acted on it.

5. Your Rights Regarding Health Information

You have the right to:

- See or get a copy of your records
- Ask us to correct records you believe are inaccurate or incomplete
- Ask us to limit what we use or share. Because we do not bill insurance, your information is not shared with a health plan; if you ever ask us not to share information about a service with a health plan because you paid for it in full out of pocket, we will honor that request.
- Ask us to contact you in a specific way (for example, by phone instead of email) or at a specific location
- Get a paper copy of this notice at any time, even if you agreed to receive it electronically
- Receive a list (an accounting) of certain disclosures of your health information, as permitted by law
- Be notified if a breach compromises your unsecured health information
- File a complaint if you believe your privacy rights have been violated

Please submit requests in writing whenever possible. We will respond within the timeframes required by law.

6. Electronic Communication

We may use email, text, and other electronic methods for scheduling and administrative purposes. Please see our separate Electronic Communication Consent form for details, including its limits and how to change your preferences.

7. Changes to This Notice

We may revise this notice at any time, and the new notice will apply to all health information we maintain. The current notice is posted on our website and is available upon request.

8. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against in any way for filing a complaint.

- **With us:** contact our Privacy Contact using the information in Section 9
- **Online:** www.hhs.gov/hipaa/filing-a-complaint
- **Phone:** 1-800-368-1019

9. Questions and Contact Information

If you have questions about this notice or how health information is handled, please contact:

Speech & Literacy Connection Privacy Contact: Kim Curtis

Phone: (949) 264-3228

Email: info@speechandliteracyconnection.com

A separate HIPAA Acknowledgment form is provided for you to confirm that you received this notice.