

***This notice describes how medical information about your care may be used and disclosed and how you can get access to this information. Please review it carefully.***

**Understanding your health record/information:**

Each time you visit a hospital, physician, or each time a health care professional visits your home a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in our record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**Your health information rights:**

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it, but the information belongs to you.

**You have the right to:**

Request in writing a restriction on certain uses and disclosures of your information, LLSC is not required to agree to comply with your requested restriction.

Request in writing amendments to your health record, either clinical or demographic, inspect and request in writing a copy of your health record.

Obtain an accounting of disclosures of your health information.

Request communications of your health information by alternative means or at alternative locations.  
Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our responsibilities:**

***Language, Learning and Speech Center, (LLSC)***, is required to maintain the privacy of your health information. In addition, we will: Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you and will abide by the terms of this notice:

Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Any new notices will be on file at our office. We reserve the right to change our practices and to make the new provision effective for all protected health information we maintain. Should our information practices change, we will have notices at our office available for you.

For more information or to report a problem: If you have questions and would like additional information, you may **contact our office at (805)543-3945**. If you believe your rights have been violated, you can also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

We will use your health information for treatment. Information obtained by the assessment professional will be recorded in your record and used to determine the course of treatment that should work best for you. By way of example, members of your healthcare team will then record the actions they took, their observations and education provided. We will also provide other practitioners involved with your care with copies of various reports that should assist them in treating you as well as enabling your physician to provide orders for your care.

**We will use your health information for payment.** Your information will be utilized to obtain payment for services provided. A bill may be sent to you or a third party payer.

The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, services provided and supplies used. Outside collection agencies may also be utilized. We will use your health information for regular healthcare operations. We may use and disclose health information in order to facilitate operations and as necessary to provide quality care to all patients.

**Communication with family:** health professionals, using their best judgment, may disclose to a family member, other relative, close personal friends or any other person YOU identify, health information relevant to that person's involvement to your care or payment related to your care.

**Worker's compensation:** We may disclose health information to the extent authorized to comply with laws relating to worker's compensation or other similar laws.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Notice of Privacy Practices availability:** This notice will be prominently posted in the office. Patients will be provided a hard copy and the notice will be maintained at our office.

*Authorization to use or disclose health information: other than stated in this document, LLSC will not disclose your health information without your written authorization. If you or your representative authorizes LLSC to disclose your health information, you may revoke such authorization in writing at any time.*

I have received LLSC Notice of Information and Privacy Practices.

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LLSC representative \_\_\_\_\_

1130 Grove Street  
San Luis Obispo, CA 93401  
805-543-3945  
805-543-6665 fax