

In-Home Tutors of Atlanta – Speech/Language Therapy

4629 Clary Lakes Dr., Roswell, GA 30075

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.

USES AND DISCLOSURES: We will use and disclose elements of your protected health information (PHI) in the following ways:

WITHOUT YOUR SIGNED AUTHORIZATION

- Treatment - your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluation, diagnosis, and treatment. For example, results of tests and procedures will be available in your medical record to health professionals who may provide treatment or testing.
- Health care operations - your health information may be used as necessary to support day to day activities and management of In-Home Tutors of Atlanta.
- When release is required by law including judicial settings and to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To contact you about treatment alternatives, educational materials, and other benefits and services.

Disclosure of your health information or its uses for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use of disclosure of information that occurred before you notified us of your decision to revoke your authorization.

YOUR RIGHTS: You have the following rights concerning PHI:

- Restrictions - the right to request restrictions on the use and disclosure of your PHI. To do this, restrictions are to be made by a formal written request to the In-Home Tutors of Atlanta Compliance Officer at the address listed above. We are not required to grant your request.
- Confidential communications - the right to receive confidential communications concerning your medical condition and treatment.
- Access - You may generally inspect or receive copies of the PHI that we maintain. As permitted by federal regulation, we require that request to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting the Compliance Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny. Please allow 10 to 30 days for us to supply you with your PHI.
- Amendments - the right to request changes be made to your PHI. To do this you must submit a formal written request to the In-Home Tutors of Atlanta Compliance Officer at the address listed above. It is not the right to obliterate or totally remove documentation from a medical record. Rather it is opportunity to "append" a statement of counter opinion to the record. Upon review of your request we will send you the "corrective" information or send a counter reason as to why we cannot make the "corrective" changes.
- Accounting - the right to receive an accounting of the disclosures by us of your PHI in the six years prior to your request. To do this you must submit a formal written request to the In-Home Tutors of Atlanta Compliance Officer at the address listed above.
- This notice - the right to receive a printed copy of this notice.
- Complaints - If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern.

OUR RESPONSIBILITIES: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice.

PRIVACY CONTACT: For more information about our privacy practices please contact:

In-Home Tutors of Atlanta
Privacy Compliance Officer
4629 Clary Lakes Dr., Roswell, GA 30075

EFFECTIVE DATE: This notice is effective on or after .August 1, 2007

I acknowledge receipt of this notice:

Patient Name

Signature & Date

Patient's Parent/Guardian

Signature & Date