

HIPAA Notice of Privacy Practices & Acknowledgment of Receipt

Schaefer Speech-Language Therapy

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HIPAA NOTICE OF PRIVACY PRACTICES & ACKNOWLEDGMENT OF RECEIPT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING YOUR CHILD'S HEALTH INFORMATION

At Schaefer Speech-Language Therapy, we understand that information about your child's health and healthcare is personal. We are committed to protecting your child's privacy and ensuring that all health information is handled in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We create and maintain a record of your child's care and services to provide quality therapy and comply with legal requirements. This Notice describes how we may use and disclose your child's protected health information (PHI), your rights regarding that information, and our legal obligations.

We are required by law to maintain the privacy and security of your child's PHI and follow the privacy practices described in this Notice. We will make this Notice available to you and provide a copy upon request. We will notify affected individuals of a breach of unsecured PHI when required by applicable law.

We will not use or disclose your child's PHI in a manner not described in this Notice unless permitted or required by law or you provide written authorization when authorization is required. If you provide an authorization, you may revoke it in writing, subject to any actions already taken in reliance on it.

We reserve the right to revise this Notice as permitted by law. Any revised Notice will apply to the health information we maintain, and the updated Notice will be available upon request and on our website, if applicable.

II. HOW WE MAY USE AND DISCLOSE YOUR CHILD'S HEALTH INFORMATION

For Treatment, Payment, and Health Care Operations

We may use or disclose your child's protected health information (PHI) without written authorization for purposes of treatment, payment, and health care operations, as permitted by law. These activities may include providing services, maintaining clinical records, managing practice operations, and coordinating care with other healthcare providers when permitted by law.

Although HIPAA may permit certain disclosures for treatment without written authorization, Schaefer Speech-Language Therapy generally obtains a signed Release of Information (ROI) before communicating with outside professionals or other members of a child's care team, as appropriate and consistent with applicable law.

The HIPAA "minimum necessary" standard does not apply to disclosures to, or requests by, healthcare providers for treatment purposes. Other applicable privacy requirements continue to apply.

Lawsuits and Disputes

If your child is involved in a legal proceeding, we may disclose PHI in response to a court or administrative order. We may also respond to a lawful subpoena or discovery request, subject to applicable law.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses and disclosures of your child's protected health information (PHI) require your written authorization under applicable law. We will obtain your authorization before using or disclosing PHI for purposes that require authorization, unless an exception permitted by law applies.

You may revoke your written authorization in writing at any time, except to the extent we have already acted in reliance on it.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your child's protected health information (PHI) without written authorization when required or permitted by applicable law, including in certain circumstances involving:

- Abuse or neglect: Reporting suspected child abuse or neglect, or other abuse or neglect when required or permitted by law.
- Public health and safety: Certain public health activities or disclosures necessary to prevent or lessen a serious threat to health or safety, as permitted by law.
- Health oversight: Authorized audits, investigations, inspections, or other health oversight activities.
- Judicial and administrative proceedings: Disclosures in response to qualifying court orders or other lawful processes, as permitted or required by law.
- Law enforcement: Certain disclosures to law enforcement officials when authorized or required by law.
- Medical examiners and coroners: Disclosures to medical examiners, coroners, or similar officials for legally authorized duties.
- Research: Research-related disclosures when applicable legal requirements are met.
- Other legal requirements: Disclosures otherwise required or permitted by applicable federal or Illinois law.

V. USES AND DISCLOSURES REQUIRING OPPORTUNITY TO AGREE OR OBJECT

When permitted by applicable law, we may disclose relevant protected health information (PHI) to a family member, caregiver, or other person involved in your child's care or payment for services, provided the applicable requirements are met. We will give you or your child's legally authorized representative an opportunity to agree or object when required by law.

You may ask us to limit these disclosures, subject to applicable law.

VI. YOUR RIGHTS REGARDING YOUR CHILD'S HEALTH INFORMATION

Subject to applicable law, you have the right to:

- Request restrictions: Ask us to limit how your child's protected health information (PHI) is used or disclosed for treatment, payment, or health care operations. We are not required to agree to every request, except where the law requires otherwise.
- Request restrictions on health plan disclosures: Request that we not disclose information about a service to a health plan for payment or health care operations purposes when the service has been paid for in full out of pocket and the applicable legal requirements are met.
- Request confidential communications: Ask us to communicate with you about your child's health information using a specific phone number, email address, mailing address, or other reasonable method.
- Access and obtain copies of records: Request to inspect or obtain a copy of your child's health information contained in the applicable record set. When HIPAA applies, we generally must respond within 30 calendar days. A permitted extension may apply if we provide the required written notice. Any fees charged will be limited to those permitted by applicable law.
- Request amendments: Ask us to correct or amend your child's PHI if you believe it is incorrect or incomplete. We may deny a request when permitted by law and will provide an explanation as required.
- Request an accounting of disclosures: Request a list of certain disclosures of your child's PHI made during the applicable period, generally up to six years before the request. Certain disclosures are excluded from this accounting.
- Choose someone to act on your behalf: You may designate or have a legally authorized representative exercise your rights regarding your child's health information when permitted by law. We will verify the person's identity and legal authority before acting on their request.
- Receive a copy of this Notice: Request a paper or electronic copy of this Notice, even if you previously agreed to receive it electronically.
- File a complaint: Submit a privacy complaint to Schaefer Speech-Language Therapy or, when HIPAA applies, to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

To exercise these rights, please contact Schaefer Speech-Language Therapy using the contact information provided in this Notice. We may need to verify your identity and authority to act on your child's behalf. Access to a

child's records may be subject to applicable laws concerning parental access, the child's rights, and any relevant court orders or custody arrangements.

VII. EFFECTIVE DATE

This Notice of Privacy Practices is effective as of 10/12/2026 and remains in effect until revised.

VIII. FINAL CONSENT AND ACKNOWLEDGMENT

By signing below, I acknowledge that I have received a copy of Schaefer Speech-Language Therapy's Notice of Privacy Practices. I understand that this Notice describes how my child's health information may be used and disclosed and explains my rights regarding that information.