



3145 E. Chandler Blvd 110-117, Phoenix, Arizona 85048 | Phone 602.828.2619 |

## **HIPAA/Confidentiality Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW CAREFULLY.**

### **OUR COMMITMENT TO YOUR PRIVACY**

Mariposa Speech Services understands the importance of protecting the health information of our clients. We respect the personal nature of your PHI and are dedicated to maintaining your privacy. We are required by law to maintain the confidentiality of your health information and to provide to you the following information regarding our privacy practices.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The health and billing records we maintain are the physical property of Mariposa Speech Services. The information in it, however, belongs to you. You have the right to:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. You have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket.
2. Request that you be allowed to inspect and copy your health and/or billing record - -you may exercise this request by delivering the request in writing to the office.
3. Appeal a denial of access to your protected health information except in certain circumstances.
4. Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.
5. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
6. Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
7. Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.

8. Revoke authorization that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Lisa Laforest, Privacy/Security Officer of Mariposa Speech Services or Danielle Lowe or Kristin Blanchard Owners of Mariposa in person or in writing, during normal business hours. We will provide you with assistance on the steps to take to exercise your rights.

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including Veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security authorize by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers' Compensation and/ or similar programs.

### **Other disclosures and uses:**

#### Notification

Unless you object, we may use or disclose your protected health information to notify, assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

#### Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for your care if you do not object or in an emergency.

#### Marketing

Uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. Mariposa Speech Services, LLC will not use your protected health information for marketing or fundraising purposes, unless you indicate on this form your preference to receive emails. Mariposa will not sell or exchange your PHI to any other entity for trade or monetary gain.

Right To A Copy Of This Notice

You are entitled to receive a copy of the Notice of Privacy Practices. You may ask us to give a copy of this Notice to you at any time.

Right To File A Complaint

If you believe your privacy rights have been violated, you may file a complaint with Mariposa Speech Services, LLC. or with the Secretary of the Department of Health and Human Services. Mariposa pledges not to retaliate in any way against anyone who reports a violation, participates in an investigation of a violation, or in any other way exercises his or her rights under this regulation.

Electronic Transmissions

Every reasonable measure is taken by Mariposa to ensure the security of electronic transmissions containing PHI.

Minimum Necessary Rule

Under current law, health care providers using, disclosing or requesting PHI are required to use, disclose or request only the minimum necessary amount of information, in other words, the least amount of information required to achieve the purpose of the use, disclosure or request.

Breach Notification

You have the right to receive notice of a breach. We will notify you if your unsecured protected health information has been breached. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

If you have any questions regarding this Notice of Privacy Practices, please contact:

Mariposa Speech Services, LLC.  
Attn: Lisa Laforest – Privacy/Security Officer  
3145 E. Chandler Blvd. 110-117  
Phoenix, AZ 85048  
[lforest@mariposaspeech.com](mailto:lforest@mariposaspeech.com)

**After reviewing the Notice of Privacy Practices statement, please sign and date this page and return it to the office of Mariposa Speech Services LLC.**

**I hereby acknowledge that I have been presented with a copy of Mariposa Speech Services, LLC. Notice of Privacy Practices.**

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Signature of Parent or Guardian

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Printed name of Parent or Guardian

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Printed name of patient

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Date

\_\_\_\_\_ Please initial here if you give permission for Mariposa to email information to you regarding special programs.

\_\_\_\_\_ Please initial here if you give permission for Mariposa to use your information for marketing or fundraising purposes. By choosing to **not** initial this document, you are opting out of receiving fundraising and marketing information from Mariposa.