



NOTICE OF CLIENT PRIVACY PRACTICES

Our Responsibilities under the Health Insurance Portability and Accountability Act (HIPAA)

In accordance with federal and state privacy regulations, HIPAA, **Special Education Resources, LLC** is required to maintain the privacy of your health information and provide you with notice of its legal duties and privacy practices with respect to your health information. We are required to abide by the terms of this notice. Federal law permits us to disclose certain information without your written permission. For example, we may disclose information as follows: For the purposes of providing treatment and maintaining your clinical record; pursuant to an agreement with business associates (e.g. other companies, independent contractors or subcontractors with whom we partner for service provision, and legal, accounting, billing, or other professional firms from which we receive professional services, etc.); for research, local, state, federal, or professional organization audits or evaluations; for emergencies, reporting a crime as required by the federal or state government, or as mandated by court order; and all other reasons permitted under the law. Before we can disclose any information about your health in a manner which is not described above or outlined in HIPAA, we must first obtain your written consent to do so. Please note that any such written consent may be revoked by you in writing. We reserve the right to change the terms of this notice and to effectuate new notice provisions for all protected health information that we maintain. When substantive changes are made, we will provide you with an updated notice.

Overview of Your Rights under HIPAA

Under HIPAA, your rights include, but are not limited to, the following: 1) right to obtain a paper copy of this notice 2) upon request, you may inspect and receive a copy your health record; 3) right to amend your health record; and 4) right to obtain an accounting of disclosures of your health information; 5) right to request a restriction on certain uses and disclosures of your information; 6) right to revoke your authorization to use or disclose health information except to the extent that information has already been released; and 7) right to request reasonable accommodations that you may have to communicate health information by alternative means or at alternative locations. To make specific requests, you must request and complete the appropriate forms from our office administrator. For more information regarding your rights or provisions of HIPAA, you may contact the United States Department of Health and Human Services. If you have concerns regarding our treatment of your health information or privacy practices, we ask that you request and complete a *Privacy Complaint Form*, which can be obtained from our office administrator. You have the right to report potential or suspected violations to the United States Department of Health and Human Services.