



## Confidentiality and HIPAA Disclosure

This form describes the federal confidentiality laws outlined by the Health Insurance Portability and Accountability Act (HIPAA). All information shared between you and Bookmark Therapy during intake, evaluation, treatment, and counseling sessions will be held in strict confidentiality according to federal regulations. Federal law dictates that a copy of this information is provided to all clients before the initiation of evaluation or therapy services.

### Definitions:

- a. *Protected Health Information (PHI)* refers to any information in your health file that may identify you, such as your name, address, diagnoses, and medical and/or treatment history.
- b. *Treatment* refers to time spent with you in treatment, evaluation, and consultation to discuss questions and concerns. This also includes time spent managing your treatment and other services related to your healthcare, including consulting with another healthcare provider such as your general practitioner (GP) or another speech pathologist (or occupational therapist, physical therapist, or related service provider).
- c. *Payment* refers to filing for reimbursement for your therapy services, such as when PHI must be disclosed to insurance companies to obtain payment or determine eligibility or coverage. Requested documents may include diagnostic codes and reports, types of therapy services provided, times and dates of sessions, therapy progress, description of impairment, case notes, and summarizations.
- d. *Health Care Operations* refer to activities related to the performance and operation of Bookmark Therapy, such as quality assurance and improvement, audits, administrative services, accounting, case management, and coordination of care.
- e. *Use* applies only to activities within the private practice of Bookmark Therapy such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you or your PHI.

- f. *Disclosure* applies to activities outside of the private practice office of Bookmark Therapy such as releasing, transferring, or providing access to information about you to other parties.
- g. *Authorization* is your written permission to disclose confidential health information. All authorizations to disclose must be signed for on a specific, legally required form.

### **Uses and Disclosures with Authorization for Treatment, Payment, and Healthcare Operations**

Protected Health Information (PHI) may be used or disclosed for treatment, payment, and healthcare operation purposes as defined above given your written authorization. You may revoke all such authorizations at any time, provided that each revocation is in writing. Revocation will not apply to a) authorizations already acted upon, b) authorizations obtained as a condition of obtaining insurance, disability, or worker's compensation coverage, c) a court ordered or third-party referral in which you are not legally defined as the client.

### **Uses and Disclosures without Authorization**

Protected Health Information (PHI) or client information may be used or disclosed without your written consent only in the following circumstances:

- a. *Mandated reporting of child abuse*: In the event that Bookmark Therapy has reasonable cause to believe a minor or elder may be abused or neglected, there is an obligation to report this belief to the appropriate legal authorities.
- b. *Mandated reporting of adult and domestic abuse*: In the event that Bookmark Therapy has reasonable cause to believe an individual protected by state law has been abused, neglected, or financially exploited, there is an obligation to report this belief to the appropriate legal authorities.
- c. *Serious threat to health or safety*: In the event that Bookmark Therapy learns through client interaction or records that there is a specific threat of imminent harm, or risk of physical or mental injury against yourself or another individual, the company is obligated to disclose this information to protect yourself and/or others from harm.
- d. *Oversight agencies*: Reporting of PHI to oversight agencies for activities authorized by law, including licensure, certification, and disciplinary actions is required.

- e. *Court and judicial proceedings*: If you are involved in a court proceeding and requests for records of your diagnostic or treatment records are made, this information is privileged under state law and must not be released without a court order. This privilege does not apply if you are being evaluated by a third party or where the evaluation is court ordered. You must be informed in advance in this case. PHI may also be released directly to you upon request.
- f. *Worker's compensation*: In the event of a worker's compensation claim in which speech pathology evaluation and treatment is relevant, PHI may be disclosed as authorized by and to the extent necessary to comply with laws relating to worker's compensation and other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- g. *Professional consultation*: Bookmark Therapy may consult with other professionals in order to aid client treatment and progress without written authorization only if information discussed does not reveal any identifying information covered under PHI.
- h. *Minors and guardianship*: Parents and legal guardians of non-emancipated minor clients have the right to access the client's records and discuss evaluation and treatment with Bookmark Therapy.

## Patient Rights

- a. *Right to request restrictions*: You have the right to request restrictions on certain uses and disclosures of PHI, but Bookmark Therapy is not obligated to honor this request.
- b. *Right to receive confidential communication by alternative means or at alternative locations*: You have the right to request and receive confidential documentation and communications of PHI by alternative means or alternative locations. For example, you may request to have your documentation sent to a separate address for additional privacy.
- c. *Right to inspect and copy*: You have the right to inspect and/or obtain a copy of your PHI collected by Bookmark Therapy for as long as these records are maintained by the company.
- d. *Right to amend*: You have the right to request an amendment of your PHI collected by Bookmark Therapy for as long as these records are maintained by the company.

- e. *Right to an accounting:* You have the right to receive an accounting of all disclosures of PHI.
- f. *Right to a paper copy:* Documents may be exchanged between you and Bookmark Therapy electronically. Bookmark Therapy will make every reasonable attempt to keep this information protected, including password protection of electronic documents and secured webpages. However, information transmitted via email or fax may not be encrypted. You may request to obtain paper copies of documentations or alternative means of contact such as mail or telephone, instead of electronic communications.

### **Company/Therapist Duties**

- a. Bookmark Therapy and its contractors, employees, and directors are required by law to maintain the privacy of PHI and to provide clients with a notice of its legal duties and privacy practices with respect to HIPAA and PHI.
- b. Bookmark Therapy reserves the right to change privacy policies and practices as described in this notice but is bound to abide by the terms in effect until you are notified of any changes.

### **Complaints**

If you are concerned that Bookmark Therapy has violated your privacy rights or disagree with a decision made by Bookmark Therapy about your records, please contact the company in writing at 3549 Linwood Ave, Cincinnati, OH, 45226.

The law also provides that you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services (DHS). This address will be provided to you by Bookmark Therapy upon request.

### **Effective Dates of Privacy Policies**

This notice will go into effect on December 1, 2025.

Bookmark Therapy agrees to limit the uses and disclosures of confidential client information as defined by Ohio law and the ethical recommendations put forth by the American Speech-Language-Hearing Association (ASHA).

Bookmark Therapy reserves the rights to change the terms of this notice and make new policies effective for all PHI information maintained. In the event of a policy change to client confidentiality, the company will provide you with a revised notice in person or via mail if requested by you in writing.

By signing below, I acknowledge that I have been provided with a copy of Bookmark Therapy's confidentiality policies as outlined by federal, state, and local regulations including Ohio state law and HIPAA. I have read, or have had read to me, this document in its entirety. I acknowledge and agree to the outlined policies on client confidentiality and understand their meanings and ramifications.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_