

Notice of Privacy Practices for NeuroChamp Educational Psychology and Speech Services, P.C.

** indicates a required field*

* Effective Date:

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, MEDICAL, AND SPEECH-LANGUAGE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice explains how we handle, protect, and disclose your Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA), California law, the California Board of Behavioral Sciences (BBS), and the American Speech-Language-Hearing Association (ASHA).

This Notice applies to services provided by: **NeuroChamp Educational Psychology & Speech Services, P.C.**

I. Our Pledge Regarding Health Information

We understand that health information about you and your care is personal. We are committed to protecting your privacy. This Notice applies to all records of your care created by NeuroChamp Educational Psychology and Speech Services, P.C., including services provided by:

- Dawnyelle DeLongchamp, M.S., BCBA, LEP4577 (Licensed Educational Psychologist)
- SaVanna Smith, M.S., CCC-SLP (Speech-Language Pathologist)

We are required by law to:

- Keep your Protected Health Information (PHI) private
- Provide this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

We may revise this Notice and make the revised version available upon request, in our office, or on our website. Changes will apply to all PHI we maintain.

II. How We May Use and Disclose Health Information About You

For Treatment, Payment, or Health Care Operations

We may use or disclose your PHI for treatment, payment, or health care operations without written authorization:

- To coordinate care with other professionals (e.g., physician consultation, referrals)
- To bill for services rendered
- To conduct quality assessments, case management, and administrative functions

Lawsuits and Legal Proceedings

We may disclose PHI in response to a court or administrative order or lawful subpoena, after reasonable efforts to notify you or seek protective orders.

III. Uses and Disclosures Requiring Your Written Authorization

- **Psychotherapy Notes:** Any use/disclosure requires your authorization unless:
 - Used for your treatment, supervision, legal defense, compliance investigations, or as required by law.
- **Marketing Purposes:** We do not use your PHI for marketing.
- **Sale of PHI:** We do not sell your PHI.

IV. Uses and Disclosures Not Requiring Authorization

We may use/disclose PHI without authorization:

- When required by state/federal law
- For public health reporting (e.g., abuse, threats)
- For health oversight activities (audits, licensing board investigations)
- For judicial/administrative proceedings (court orders, subpoenas)
- For law enforcement purposes (e.g., reporting a crime on the premises)
- To coroners/medical examiners
- For research under IRB approval
- For specialized government functions (military, national security)
- For workers' compensation claims
- For appointment reminders or to inform you of alternative services or benefits

V. Uses and Disclosures Requiring an Opportunity to Object

We may disclose your PHI to a family member or other involved party unless you object. In emergencies, disclosures may occur without prior agreement, with consent obtained afterward if possible.

VI. Your Rights Regarding PHI

- **Request Restrictions:** You may ask us not to use/disclose certain PHI; we are not required to agree.
 - **Restrict Disclosures for Fully Paid Services:** If you pay out-of-pocket in full, you may request we not disclose PHI to your health plan.
 - **Request Confidential Communications:** You may ask to be contacted at specific locations/methods.
 - **Inspect and Copy Records:** You may request a paper or electronic copy of records (excluding psychotherapy notes).
 - **Accounting of Disclosures:** You may request a list of certain disclosures made over the past six years.
 - **Request Amendments:** You may ask to correct or add information to your record.
 - **Get a Copy of this Notice:** You may request a paper or emailed copy of this Notice.
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Acknowledgment of Receipt

* Under HIPAA, you have the right to receive this Notice. By signing below, you acknowledge receipt and understanding of these practices.

I consent to sharing information provided here.

Signature of Client (if 13 or older): Under HIPAA, you have the right to receive this Notice. By signing below, you acknowledge receipt and understanding of these practices.

I consent to sharing information provided here.