

HIPAA Notice of Privacy Practices



Empowered Speech Pathology, LLC, 1820 N Alston St. Suite C, Foley AL 36535

Your Rights

You have the right to:

- Get a copy of your medical records.
- Correct or update your medical records.
- Request confidential communications.
- Ask us to limit the information we share.
- Get a list of those with whom we have shared your information.
- File a complaint if you believe your rights have been violated.

Our Uses and Disclosures

We may use and share your information to:

- Provide treatment and coordinate care.
- Process payment for services.
- Run our practice and improve care.
- Comply with legal requirements.

Our Responsibilities

We are required by law to:

- Keep your health information private and secure.
- Notify you if a breach occurs that compromises your information.
- Follow the duties and privacy practices described in this notice.

Empowered Speech Pathology, LLC may share information regarding my assessment and/or treatment with:

Name	Phone #	Relationship

Acknowledgment of Receipt

I acknowledge that I have received and reviewed the HIPAA Notice of Privacy Practices from **Empowered Speech Pathology, LLC**.

Patient Name: _____

Signature: _____

Date: _____

If signed by a legal representative:

Representative Name: _____

Relationship to Patient: _____