



Time 2 Talk, LLC

P.O. Box 314 Chatham, IL 62629
Phone: 217.299.1713
Fax: 217.670.0305

Notice of Privacy Practices

PLEASE REVIEW CAREFULLY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the notice while it is in effect. This Notice takes effect April 1, 2021 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made changes. Before we make a significant change in our privacy practices we will change this notice and make the new notice available upon request.

You may request a copy of this notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of the notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

Information Collection: The minimum information will be disclosed as is pertinent to your child's file.

Data Collection: Data collected for your child may be provided by Child and Family connections and related healthcare providers, pediatricians, healthcare specialists, hospitals and other therapy related agencies.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. **Schools and Agencies:** We may provide information requested to IEP's, IFSP's and evaluation with other professionals. We may disclose your child's information to doctors and other health professionals regarding your child's care with Time 2 Talk.

Payment: We may use and disclose your health information to obtain payment of services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluating practitioner and provider performance conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorizations: In addition to our use of health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in the notice.

To your Family and Friends: We may use or disclose your health information to you, as described in the **Patient Rights** sections of this notice. We may disclose your health information to a family member, friend or daycare provider to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

We believe all of your hopes and dreams for your child are within reach!

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. **Marketing Health-Related Services:** We will not use your health information for marketing communication without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or others.

National Security: We may disclose to military authorities the health information armed forces personnel under certain circumstance. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official have lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (voicemail or text messages, postcards or letters). **Check-In:** Your child's name may be called when checking in at our clinic. Your child's name will be written on a sign in sheet. **Destruction of Files:** All files pertaining to this client will be destroyed through shredding or incineration after a 7-year period.

CLIENTS RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format requested unless we cannot practicably do so. **You must make a request in writing to obtain access to your health information.** You may obtain a form to request access by using the contact information listed at the end of this form. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this form. If you request copies, we will charge you \$.25 for each page. \$10.00 per hour for staff time to gather and copy your health information and postage if you are having copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your information for a fee. Contact us using the information listed at the end of this form for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purpose, other than treatment, payment, healthcare operations and certain other activities for the last 7 years, but not before April 1, 2021. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restrictions: You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Request must be in writing and must specify the alternative means or location and provide satisfactory explanation how payment will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice by e-mail, you are entitled to receive this notice in written form.

Questions and Complaints: If you have questions or want more information about Time 2 Talk privacy practices, please contact us.

We believe all of your hopes and dreams for your child are within reach!

If you believe your privacy rights have been violated, you may submit a complaint to:

Time 2 Talk, LLC
P.O. Box 314
Chatham, IL 62629

For complaints regarding Time 2 Talk's practices or use of your person identifying information (PII), you may contact the U.S. Secretary of Health and Human Services using the HIPAA Complaint Submission Form at:

www.cms.hhs.gov/hipaa/hipaa2/default.asp

or mail to:

HIPAA Complaint
7500 Security Blvd. C5-24-04
Baltimore, MD 62124

File complaints regarding:

- Restrictions on the use or disclosure of your personal identifying information (PII).
- Amendments to your personal identification information (PII).
- Accounting of the use or disclosure of your personal identifying information (PII).

I, _____, have received a copy of the Notice of	
Privacy Practices from Time 2 Talk, LCC for my child, _____	
Guardian Signature _____	Date _____
Provider Signature _____	Date _____