

# Redwood Speech and Language

7500 212<sup>th</sup> St. SW, Suite 204  
Edmonds, WA 98026  
(360) 504-8893  
redwoodspeechandlanguage.com

## Notice of Privacy Practices

Effective Date: 7/1/2025

**Redwood Speech and Language** is required by law to keep your health information safe.

This may include:

- notes from your doctor, teacher, or other health care providers
- medical history
- test results
- treatment notes
- insurance information.

The Health Insurance Portability and Accountability Act (HIPAA) requires that we give you a copy of this privacy notice. We will ask you to sign a form saying that you have received it. Come back to this notice or speak with your therapist any time you have a question about how your health information can be used and who can see it.

## Your Privacy Rights

You always have the right to:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members, doctors, or friends. You must ask for these limits in writing. We will still share certain information when required by law.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. We will make every effort to comply with your request.

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- **Look at and copy your health information.** You have the right to see your health information and get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change.
- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was shared and who we shared it with. You must ask in writing and include the date (or range of dates) you are asking about. We There are some rules about this: o You must ask us in writing. You may get information going back up to 6 years.
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **File complaints.** You can file a complaint with us or with the U.S. government if you think that o your information was used or shared in a way that is not allowed, or if any of your rights were denied. All complaints must be in writing. To find out more about filing complaints, go to [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)

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## How Your Health Information May be Used or Shared

Sometimes we need your permission to use your health information; sometimes we don't. It depends on the situation and how it's being used.

### When We Need to Ask Permission

We must get your permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign an additional form—called an authorization or a “Release of Information”—to allow us to use or share your information. You are allowed to take back this authorization at any time (this is called “revoking authorization”).

- **Communicating With Others Involved in Your Care.** We need to obtain written permission to communicate with your doctor, other therapists, teachers, and anyone else who may be involved in your care.
- **Research.** We may ask permission to share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process.
- **Marketing.** We may ask for permission to use a specific photo or comment from you on our website. Written permission is required for this kind of use.

### When Your Permission Is Not Needed

- **Treatment.** We need to access your health information when we are planning for your treatment. If a specific doctor referred you to our practice, we may share information about your treatment with them (in this case a release of information should already be on file).
- **Payment.** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share information to get the

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insurance company's permission to start treatment, continue treatment, and/or to get paid for the treatment you receive.

- **Appointment Reminders**
- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** If you are a veteran, your information may be shared with the U.S. Department of Veterans Affairs (for example, if your insurance is through Tricare).
- **Public Health Risks.** We may report information to public health agencies as required by law. This rarely comes up in speech therapy practice, but if, for example, we became aware that a client had AIDS, we would be required by law to report it. Certain diseases are tracked carefully in order to prevent their spread. We may also report medical device safety issues to the Food and Drug Administration.
- **Regulatory Oversight.** We may use or share certain information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections. We will only release information that is specifically required. Our records do not include information about immigration status, since this is not relevant to patient care.
- **Threats to Health and Safety.** Your health information may be shared if it is believed that this will prevent a threat to your or others' health and safety.
- **Workers' Compensation.** We will share your information with the U.S. Department of Labor's Office of Workers' Compensation if your case is being considered as a work-related injury or illness.

*We may change this notice at any time. Changes may apply to information that we already have in your file and to any new information. A copy of the new notice will be available from your speech therapist with a date on the front page to tell you when it went into effect.*