



<b>Dx Codes</b>
ICD-10: _____
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for office use only

## FORM 1: Policies & Procedures, Authorizations, Consents

These pages contain information necessary to the rendering and management of speech-language pathology services to the patient. Information about patient/family rights and responsibilities are also included. Please carefully read and initial or sign where indicated. Thank you!

If you have any questions, please contact Kristen Lankford Dietrich, MS, CCC-SLP by phone at 843-810-9198.

*\*Note: The word "parent" below refers to the patient's legal guardian.*

### Consent & Authorization of Speech-Language Pathology (SLP) Services

- I hereby consent to the rendering of care, which may include routine screening, treatment and diagnostic procedures and appropriate medical treatment, as the SLP medical staff consider necessary, to my child (patient), \_\_\_\_\_.
- I authorize a member of Dietrich Speech & Language Services, LLC to treat my child for relevant speech-language diagnoses as determined by a speech-language pathologist and/or physician.
- I understand that each patient, or legal guardian of the patient, has the right to consent or refuse to any proposed procedures of therapeutic or diagnostic course.
- I understand that no patient will be involved in any research without his/her knowledge or consent.
- I acknowledge that no guarantees have been made to me as the result of assessment or treatment by Dietrich Speech & Language Services, LLC.
- I understand that this "Consent & Authorization" is being given to Dietrich Speech & Language Services, LLC only.

✘ Guardian Initials: \_\_\_\_\_

### Authorization to Release Information for Patient Care & Payment of SLP Services

- I hereby authorize Dietrich Speech & Language Services, LLC to release and obtain relevant and necessary patient information concerning the diagnosis and treatment of my child (patient), \_\_\_\_\_, with other professionals involved in his/her care.
- I authorize the release of any medical or other patient information necessary to process relevant SLP claims. I also request payment of government benefits to the person/entity who accepts assignment.
- I request payment of medical benefits be made directly to Dietrich Speech & Language Services, LLC on my behalf for services and I authorize said provider to release any and all information necessary regarding the services provided.
- I hereby authorize payment directly to Dietrich Speech & Language Services, LLC benefits otherwise payable to me; insurance payment will not exceed the Dietrich Speech & Language Services, LLC insurance charge for services rendered.
- I understand I am financially responsible to Dietrich Speech & Language Services, LLC for charges not covered by this insurance assignment (as so permitted by the contract between each insurance company or BabyNet and Dietrich Speech & Language Services, LLC).

✘ Guardian Initials: \_\_\_\_\_

### Policies & Procedures for Payment, Billing and Rendering of SLP Services

#### Early Intervention Provider Policy

- Dietrich Speech & Language Services, LLC is a contracted provider with BabyNet, South Carolina's IDEA Part C interagency early intervention program for infants and toddlers under three years of age with developmental delays or conditions associated with developmental delays. We agree to perform



services and accept payment as described by BabyNet's policies and procedures. *(The items marked with an asterisk (\*) may not apply to patients served by the BabyNet system.)*

✘ Guardian Initials: \_\_\_\_\_

### Insurance Policy

- Insurance information will be needed before services begin to verify benefits. All applicable insurance information requested above should be provided on this form.
- Benefits will be verified upon receipt of your insurance information and you will be made aware of any estimated out-of-pocket expenses before any services are started. However, information gained from insurance companies during verification of benefits is not always guaranteed. It is imperative that families are aware of their insurance coverage and their potential financial responsibilities.
- Dietrich Speech & Language Services, LLC will strive to keep open communication in regards to insurance and payment.

✘ Guardian Initials: \_\_\_\_\_

### Change of Insurance

- I agree to notify Dietrich Speech & Language Services, LLC immediately of any change of insurance. Change of insurance does not guarantee coverage of speech-language pathology services. You will be informed of any coverage or payment changes.

✘ Guardian Initials: \_\_\_\_\_

### Basic Billing Procedures

- A billing company on behalf of Dietrich Speech & Language Services, LLC (DSLS) or DSLS itself will provide the following billing services: file insurance claims for payment of services rendered; resubmit any electronic or paper claims not paid in a timely manner from initial processing; submit secondary and tertiary claims within a timely manner following receipt of primary insurance determination.
- As stated above, I authorize the release of patient information necessary to process SLP claims by Dietrich Speech & Language Services, LLC or by a billing service on said provider's behalf. Patient information released to the billing service is also protected by HIPAA and required to be kept safe and private. As mandated by HIPAA, any billing service has a signed "Business Associate Agreement" with Dietrich Speech & Language Services, LLC.

✘ Guardian Initials: \_\_\_\_\_

### Financial Agreement

- If insurance information is not available or I do not have insurance, I understand payment is due when services are rendered, unless other arrangements have been made.\*
- If speech-language pathology services are not covered or are denied by patient's insurance, I agree to provide payment when services are rendered at the current private pay rate for evaluations and treatment sessions, unless other arrangements have been made.\*
- I hereby acknowledge I am responsible for all deductibles, co-insurance, co-pays and any non-covered portions of services performed. Co-pays are due at the time of service, unless other arrangements have been made. As is common in most health-care situations, the patient/family is always responsible for payment when all other sources have been exhausted. Therapy services may be put on hold or terminated if there is a problem regarding payment.\*

✘ Guardian Initials: \_\_\_\_\_

### Delinquent Payment Policy

- For private pay patients, all sessions must be paid in full at the time of service, unless other arrangements have been made.\*
- I understand if I am delinquent in any payments (co-pays, deductibles, self-pay, etc.), the patient's therapy services may be postponed and appointment slots may or may not be held.\*
- I understand if I refuse to provide applicable payments, a collection agency and/or legal representative may be contacted and that fee will be added to my bill.

✘ Guardian Initials: \_\_\_\_\_

### Returned Check Fee

- I acknowledge there is a \$25.00 charge for all returned checks.

✘ Guardian Initials: \_\_\_\_\_



### Cancellation Policy

- Dietrich Speech & Language Services, LLC requests *at least* a 24-hour notice when you need to cancel an appointment for previously scheduled reasons (ex: other appointments, planned vacations, religious observations and so forth).
- For unexpected or unplanned cancellations on the day of a session, please inform your speech-language pathologist by 7:00am or as soon as possible after the reason for the cancellation occurs.
- I understand if I fail to give reasonable notice, a cancellation fee of \$25 may be charged to me as specified in a separate cancellation policy. I understand insurance does not cover cancellation fees.
- Dietrich Speech & Language Services, LLC understands there are emergency situations and sicknesses that will occur and this will be handled on a case-by-case basis.

✘ Guardian Initials: \_\_\_\_\_

### Sickness Policy

- Dietrich Speech & Language Services, LLC works with medically fragile patients and we do not want to risk carrying sickness and possibly infecting other patients and their families, ourselves or our own families.
- Please be respectful and cancel your appointment if you, your child, any other member of your child's household or your child's primary caregiver is sick or still contagious.
- Any sick person (parent, caregiver, sibling, etc.) in close contact with your child should be symptom-free for at least 24 hours before resuming therapy. Patients also need to be fever-free (without the aid of a fever/pain reducer) and infection-free (ex: no vomiting, diarrhea, rash or nasal discharge) for at least 24-48 hours before returning to therapy.
- The following signs and symptoms generally indicate communicable disease/illness:
  - Nausea, vomiting or diarrhea and persistent abdominal pain
  - Fever over 100 degrees (and/or flushed or hot face)
  - sore/strep throat
  - skin eruption or rash/swelling
  - jaundice (yellowing of eyes and/or skin)
  - red or running eyes, sneezing or discharging nose
  - cough (particularly if persistent or productive)
  - sores and crusts on the scalp, face or body (particularly if red, swollen or draining)
  - pain and stiffness of neck and headache
- Should the speech-language pathologist determine the patient (or person in direct contact with the patient) is too sick to continue therapy, I understand the session will be terminated and I may be billed for a portion of the session.
- I understand I will not be charged a cancellation fee for legitimate sickness.

✘ Guardian Initials: \_\_\_\_\_

### General Appointment Policies

- Please arrive at least five minutes before your scheduled appointment in the clinic. For home or preschool visits, please be sure the patient is present before the scheduled appointment time.
- In order for Dietrich Speech & Language Services, LLC to keep a timely schedule, I understand that if a patient is late, the session may still end on time and I may still be charged the full fee for the session.\*
- I understand if the patient is a "no-show," or does not show up for a session without prior notice, the session may still be billed.\*
- If appointments are not accounted for by the family on three visits, I understand that appointment slots may not be held and services may be terminated.\*
- Parents/caregivers are usually encouraged to participate in some manner before, during or after speech-language sessions and to respond to phone calls/texts/emails/notes/etc.
- When sessions are not observed, parents/caregivers may drop off their child at the clinic, but must return at least 10 minutes early in order to consult with the speech-language pathologist (as part of the therapy process). Please see below "Liability Waiver" for other conditions to this privilege.



- For home visits, parents or caregivers must remain in the home at all times. Parents/caregivers of patients seen in the home/preschool must also be present for the last 10 minutes of therapy for necessary consultation. (BabyNet may have different requirements).
- If parents/caregivers are late or not present for the consultative portion of therapy, and/or the speech-language pathologist remains past the scheduled appointment time, I understand a pro-rated charge may be added to the bill.\*
- Please remember that most sessions are scheduled consecutively, and therefore the following patient's session may be affected by sessions that do not begin or end on time. Dietrich Speech & Language Services, LLC makes every effort to keep scheduled appointments and will notify parents/caregivers as soon as possible of any changes to appointment times.
- I further acknowledge that the above charges mentioned in this section are not covered by insurance and are the full responsibility of the patient/family.

✘ Guardian Initials: \_\_\_\_\_

### Liability Waiver & Photograph/Video Release Form

#### Liability Waiver

- I agree if the patient is left at the clinic, the parent/caregiver must leave their cell phone number with the treating speech-language pathologist and must leave their cell phone turned on and accessible at all times in case of an emergency.
- I understand the speech-language pathologist in the clinic and natural environment settings will be present with the patient at all times speech-language services are rendered and that the speech-language pathologist will do everything in his/her power to ensure the safety and well-being of the patient.
- I agree to waive and relieve all owners and operators of the location where the patient receives services (clinic, home, preschool, caregiver's home, etc.) of all liabilities and/or negligence of injury while on or at the premise where Dietrich Speech & Language Services, LLC is providing services.
- I further agree to waive and relieve Dietrich Speech & Language Services, LLC and the associated speech-language pathologist of all liabilities and/or negligence of injury while services are being rendered.

✘ Guardian Initials: \_\_\_\_\_

#### Photograph/Video Release

- In exchange for good and valuable consideration by Dietrich Speech & Language Services, LLC (hereinafter DSLS), the adequacy of which is hereby acknowledged, I give DSLS, its legal representatives, successors and assigns, or those for whom it is acting, and all persons and entities acting with its permission or upon its authority, the absolute right and permission to take, copyright, use and publish photographs/videos in whole, in part, or in composite of my child, \_\_\_\_\_, while a patient at DSLS.
- I understand that any photographs or videos of my child may be used for purposes of DSLS art, advertising, education, promotion or for any other purpose consistent with the DSLS mission and in accordance with established ethical and legal guidelines.
- I agree that the photographs/videos become the exclusive property of DSLS and I waive all rights thereto. I understand that DSLS will take physical and technological precautions to protect my child's identity.
- I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photographs/videos and the use to which they may be applied, including the following.
- Please initial your choice or choices below):

- ✘ \_\_\_\_\_ internal DSLS use only, for documentation of baseline status and subsequent progress
- ✘ \_\_\_\_\_ use with professionals involved in patient's care (ex: doctor, psychologist, teacher)
- ✘ \_\_\_\_\_ educational purposes such as professional presentations



- ✗ \_\_\_\_\_ use in advertising/promotional endeavors (such as in *Lowcountry Parent* magazine)
- ✗ \_\_\_\_\_ use in the DSLS website, brochures, etc.

- I agree that I will “cross-out,” or mark this entire “Photograph/Video Release” section with an “X,” if I DO NOT give my consent for DSLS to take/use photographs and/or videos of my child for any reason. ✗ Guardian Initials: \_\_\_\_\_

**Access to Signed Documents**

- I understand I may request a copy of any contracts, agreements, or policies (NOT including clinical documentation\*) that I have signed during my relationship with DSLS.
- I understand a copy of such requested documents, will be provided to me at no cost\*. ✗ Guardian Initials: \_\_\_\_\_

**Signatures of Legal Guardian**

Dietrich Speech & Language Services, LLC sincerely thanks you for your careful attention and adherence to the aforementioned document. Please read the statement below and provide the requested signature.

I hereby acknowledge I have read this document, or had it fully explained to me, and I certify that I understand its' contents and significance. I further acknowledge that I understand the above fees, policies, procedures, release forms, liability waiver and all other information contained in the above document. I agree to have Dietrich Speech & Language Services, LLC provide speech-language pathology services for my child (patient), \_\_\_\_\_.

✗ \_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Relationship to Patient

**DSLS OFFICE USE**

**SLP Notes / To Do Items**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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Dietrich Speech & Language Services, LLC  
growing roots and wings together

## Notice of Privacy Practices

### HIPAA Acknowledgement & Authorization Form on last page

This notice describes how medical and other relevant information about you/your child\* may be used and disclosed as well as how you can obtain access to this information. Please review this notice carefully and sign the form on the last page acknowledging you received, read and understand this Notice of Privacy Practices.

If you have any questions about this notice or about your privacy rights, please ask your speech-language pathologist or contact our Privacy Officer, Kristen L. Dietrich. Her contact information is listed at the bottom of each page of this notice.

*\*Note: The word "you" refers to the patient and/or legal guardian of the patient if the patient is a minor.*

### Introduction to HIPAA and Your Protected Health Information

HIPAA stands for Health Insurance Portability and Accountability Act; it was enacted by congress and signed into law by President Bill Clinton in 1996. Part of this federal law was specifically written to help protect the privacy and security of your health information. This "protected health information" (PHI) is information about you that may be used to identify you and that related to your past, present or future physical or mental health or condition and related health care services.

"Protected Health Information" may include:

- Your demographic information (name, address, date of birth, social security number)
- Your health insurance information
- Your medical history
- Your test results and diagnoses
- Your evaluation, treatment, progress notes and other clinical documentation
- Notes and conversations to/from your doctor (MD), speech-language pathologist (SLP), physical therapist (PT), occupational therapist (OT), early interventionist (EI), teacher, other health care provider or related professional

HIPAA requires that Dietrich Speech & Language Services: (1) gives you a copy of this privacy notice and (2) asks you to sign a paper stating you received it from us.

### Dietrich Speech & Language Services, LLC – Our Notice of Privacy Practices

This Notice of Privacy Practices is to inform you of the policies taken by Dietrich Speech & Language Services, LLC to ensure that your protected health information is kept private and safe, as required by professional ethics and common law. It describes how we may use and disclose (or share) your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required to abide by the terms of this Notice of Privacy Practices.

We will provide you with a copy of this notice at the beginning of the professional relationship between you and Dietrich Speech & Language Services, LLC. We will also send out a notification at least once every three years (until the date of your discharge from Dietrich Speech & Language Services, LLC) reminding you that a copy of our Notice of Privacy Practices is available upon your request. We will gladly provide you with a copy of the current Notice of Privacy Practices at any time you request. The notice will have a date on the front page to tell you when it went into effect. Please refer to this notice to see how your protected health information can be used and who can see it.

**Privacy Officer:** Kristen L. Dietrich, MS, CCC-SLP ▪ **Phone:** 843-810-9198 ▪ **Toll-free Fax:** 855-279-3149 ▪ **E-mail:** kristen@dietrichspeech.com  
**Website:** <http://www.dietrichspeech.com> ▪ **Mail:** 3579 Franklin Tower Drive, Mount Pleasant, SC 29466

## SECTION 1

### **USES & DISCLOSURES – How Your Protected Health Information May Be Used or Shared**

The following categories describe different ways that Dietrich Speech & Language Services, LLC may use and disclose your protected health information WITHOUT your specific consent or authorization. Examples are provided for each category of uses or disclosures, but not every possible use or disclosure is listed.

We may use or share your protected health information **WITHOUT** your permission for the following reasons:

- **Treatment:** We may use and share your protected health information to provide, coordinate or manage your medical treatment or services. This includes sharing information with early interventionists (if applicable), teachers, doctors, therapists, other health care providers and related professionals who may be involved in your care.
  - Examples – We may use and/or share:
    - your protected health information with a health care provider to whom you have been referred to ensure that the health care provider has the necessary information to diagnose or treat you.
    - the results of our evaluation/treatment with your doctor who ordered speech-language therapy

Although we are not legally required to do so, it is the policy of Dietrich Speech & Language Services to inform you, at our discretion, when we discuss your protected health information (related to speech-language services) with another professional involved in your care.

- **Payment:** We may use and share protected health information, as needed, with your insurance company or other payer to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you. Examples of such information might include your name, address, session visit date and codes identifying your diagnosis and treatment.
  - Examples – We may use and/or share your protected health information:
    - To get the insurance company's permission to start treatment
    - To get permission for more treatment
    - To get paid for the treatment you receive
- **Health Care Operations:** We may use and share your protected health information, as needed, in order to run our practice and ensure you receive quality care. We will share your protected health information with third party "business associates" who perform various activities, such as billing, for our practice. Whenever an arrangement between our practice and a business associates involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy and security of your protected health information.
  - Examples – We may use and/or share your protected health information:
    - To see how well our services are working
    - To see how well our staff is doing
    - To see how we compare to other SLP practices
    - To make our services better
    - To help other study health care services (ex: students, interns, volunteers)

We may also use or share your protected health information **WITHOUT** your permission for the following reasons:

- **Abuse and Neglect:** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders:** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by e-mail, or by phone call or voicemail message. If you do not wish to get reminders, please tell your speech-language pathologist.
- **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:** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veteran's Affairs.
- **Information about a Person Who Has Died:** We may share information with the coroner, medical examiner, or a funeral director, as needed.
- **Marketing:** We may use your information to let you know of other services that might be of interest to you.
- **Public Health Risks:** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight:** We may use or share your information with agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research:** We may 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. These projects have rules to protect your privacy, too.
- **Threats to Health and Safety:** Your health information may be shared if we believe that it will prevent a threat to your health and safety or the health and safety of others.
- **Worker's Compensation:** We will share your information with Worker's Compensation if your case is being considered as a work-related injury or illness.

## **SECTION 2**

### **USES & DISCLOSURES – When Your Permission is Needed to Use or Share Your Protected Health Information**

You must give Dietrich Speech & Language Services, LLC written permission to use or share your protected health information for any situation that is not listed in this notice, unless otherwise permitted or required by law. You will be asked to sign a form, called an authorization, to allow us to use or share your information. You may take back (or revoke) this authorization in writing at any time. If you revoke your authorization, we will no longer use or share your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your permission.

## SECTION 3

### YOUR PRIVACY RIGHTS

Following are your privacy rights with respect to your protected health information and a brief description of how you may exercise these rights.

#### You have the right to:

- **Ask us not to share your information.** You can ask us not to use or share any part of your protected health 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 or friends. We must share information when required by law. We are not required to agree to any restriction(s) that you request. If we do agree to the requested restriction, we may not use or share your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your speech-language pathologist. You may request a restriction by submitting your request in writing to the Privacy Officer at this practice. In your written request, you must tell us what information you want to limit and to whom you want the restriction to apply.
- **Ask us to contact you privately.** You can ask to receive confidential communications from us in a certain way or at a certain place. For example, you may want us to call you on your mobile phone, but not on your home phone. Or, you may want us to send you a bill to an address that is not your home or work address. We will do all we can to accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis of the request. Please make any specific request(s) in writing to our Privacy Officer.
- **Look at and copy your health information.** You have the right to inspect your health information and to get a copy of that information. You have a right to see treatment, medical and billing information for so long as we maintain the protected health information. (We are required to keep most protected health information for six years based on a predetermined date). As permitted by federal or state law, we may charge you a reasonable administrative fee for a copy of your records.

*EXCEPTION: Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.*

Please contact our Privacy Officer if you have questions about access to your medical record.

- **Ask for changes to your health information.** You can ask us to change protected health information about you in a designated record set that you think is incorrect for so long as we maintain this information. 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 may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us; we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Please contact our Privacy Officer if you have questions about amending your medical record.

- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was used or shared and who we use or shared it with. This right applies to disclosures for purposes OTHER THAN treatment, payment or health care operations as described in Section 1 of this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to

make the disclosure, to family member or friends involved in your care, for notification purposes, for national security or intelligence, to law enforcement (as provided in the Privacy Rule) or correctional facilities or as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- Some of those rules are:
  - You need to ask us in writing.
  - You must tell us the dates you are asking about and if you want a paper or electronic copy.
  - You may get information going back 6 years (if applicable), but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.

Please contact our Privacy Officer if you have questions about seeing or copying your medical record.

- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a paper copy even if you have already signed the form saying you have seen this notice or even if you have agreed to accept this notice electronically.
- **File complaints.** You may file a complaint with us or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us in these or other ways: your information was used or shared in a way that is not allowed, you were not allowed to look at or copy your information (as the law allows), any of your rights were denied. You may file a complaint with us by notifying our Privacy Officer of your complaint. To find out more about filing complaints, please go to <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. We will not retaliate against you for filing a complaint.

#### SECTION 4

#### **Individuals Covered by this Notice of Privacy Practices**

The people who must follow the rules in this notice are:

- All speech-language pathologists employed by Dietrich Speech & Language Services, LLC
- Anyone who is allowed to add health information to your file, including students and other staff
- Any volunteers who may help you while you are receiving services from us

#### **Changes to the Information in this Notice of Privacy Practices**

We may change the terms of our notice at any time. The most recent notice will be effective for all new protected health information. Additionally, the changes may apply to information we already have in your file. Copies of the new notice will be available from our staff and gladly provided to you upon your request. The notice will have a date on the front page to tell you when it went into effect.

#### **Contacts**

If you have any questions about this notice or your privacy rights, please ask your speech-language pathologist or contact our Privacy Officer, Kristen L. Dietrich, by phone at 843-810-9198 or by e-mail at [kristen@dietrichspeech.com](mailto:kristen@dietrichspeech.com).

Please go to the last page to sign the  
**HIPAA Acknowledgement & Authorization Form**





Dietrich Speech & Language Services, LLC
growing roots and wings together

HIPAA Acknowledgement & Authorization Form

Patient Name (printed/typed): \_\_\_\_\_ Date: \_\_\_\_\_

In addition to the information provided within the "Notice of Privacy Practices," patients/guardians may request to review Dietrich Speech & Language Services, LLC's Privacy Policies & Procedures Manual. Please do not hesitate to contact our Privacy Officer at 843-810-9198.

ACKNOWLEDGEMENT OF RECEIPT: I acknowledge by signing below that I have received and read, or had explained to me, the "Notice of Privacy Practices" for Dietrich Speech & Language Services, LLC.

Guardian Name (printed/typed): \_\_\_\_\_

X Guardian Signature: \_\_\_\_\_

X Guardian Initials: \_\_\_\_\_

\*\*CONSENT FOR RELEASE OF INFORMATION: I consent to the release of my child's protected health information for professional use to the following entities who are also involved in my child's care, even though I understand that Dietrich Speech & Language Services, LLC is legally permitted to use or share my child's protected health information, as needed, without my permission for certain reasons as explained in the "Notice of Privacy Practices."

Please mark all that apply.

- Doctor, Pediatrician
Medical Specialist(s)
Services Coordinator
Early Interventionist
ABA Therapists & Related Personnel
Speech-Language Pathologist(s)
Physical Therapist(s)
Occupational Therapist(s)
Local School District & Teachers
Other: \_\_\_\_\_

X Guardian Initials: \_\_\_\_\_

HIPAA AUTHORIZATION: I hereby authorize the use/disclosure of my child's protected health information as described below:

- 1. Confidential information is stored in a secure location away from public access. All business computers containing confidential information are only accessed by password and are secured by computer and Internet protection software (antivirus, antispymware, etc.)
2. Dietrich Speech & Language Services, LLC is authorized to disclose pertinent protected health information to insurance companies or referring physicians for the purposes of requesting doctor's orders, authorization for service and/or to obtain reimbursement for services. Information may be sent via mail, fax, electronic or e-fax, e-mail or phone with procedures in place to limit the likelihood of unauthorized access. The date sent will be documented by the responsible office personnel.
3. Dietrich Speech & Language Services, LLC and its employees are authorized to use or disclose pertinent protected health information that is required for speech-language service purposes.
4. Dietrich Speech & Language Services, LLC may disclose protected health information considered pertinent to speech-language services to specified professionals (e.g., early interventionists, service/care coordinators, teachers, psychologists, physicians, social workers, therapists, etc.) without a signed release form.
5. I, the parent/guardian, understand that all employees, volunteers and interns/students of Dietrich Speech & Language Services, LLC are given a copy of the "Notice of Privacy Practices", sign a confidentiality agreement and will only have access to information required to complete their job responsibilities.
6. I, the parent/guardian, may revoke this authorization by notifying Dietrich Speech & Language Services, LLC in writing of my desire to revoke it. However, I understand that any action already completed prior to the request to revoke this authorization cannot be reversed, and my revocation will not affect those actions.
7. This authorization expires when the client is discharged from therapy, although Dietrich Speech & Language Services, LLC will always use professional discretion when sharing any protected health information.

X Guardian Initials: \_\_\_\_\_

\*\*NOTE: Although not required to do so by law, Dietrich Speech & Language Services, LLC may have the patient's guardian complete a more detailed consent form for the release of protected health information including, but not limited to speech-language: evaluation reports, treatment plans, progress notes, clinical documentation and discharge summaries, as well as necessary verbal communication pertaining to the patient.

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