

# HIPAA PRIVACY STATEMENT

## HIPAA – Health Insurance Portability Accountability Act of 1996

- The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.
- The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information.  
(<http://www.hhs.gov/ocr/privacy/index.html>)

## SZ Therapies takes patient confidentiality seriously.

You and Your child's personally identifiable health information is only used for purposes of:

- Completing your child's treatment sessions (in session and pre/post session analysis)\*
- Sharing necessary information with your insurance company for service coverage/payment
- Legal records requests (to the extent identified by HIPAA)
- At patient/representative specific request

When not in use for the above purposes, personally identifiable health information is stored as follows:

Paper records:  Primary office location 9233 Park Meadows Drive Suite #225 Lone Tree CO 80124	Electronic records*:  Company computer with secure password login access and individually password-protected folders within the hard drive. Encrypted backups are also stored via cloud-based data storage systems.
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\* If your child receives treatment at a different location it is necessary to travel to that location with the minimum information necessary, complete treatment, and then return that information to the primary office location.

## Upon Termination of Services

To comply with State and Federal Law, patient health information is available for reference and release at least 7-years after services have been terminated or upon the discontinuation of business practices. These files (including intake forms, evaluation and progress reports, and signed acknowledgements) are only accessible upon request by authorized parties and with a signed Release of Information Form. At 7-years or closure of business, these files are shredded/deleted.

## Acknowledgement

By signing below you acknowledge that you have read and received this information prior to initiating services with SZ Therapies and are aware of the manor in which you or your child's confidential medical and treatment information will be managed. Complaints can be submitted in writing directly to Scott Zischke MA, CCC-SLP, owner of SZ Therapies either via post mail or email ([support@sztherapies.com](mailto:support@sztherapies.com)). Complaints can also be directed to the regional HIPAA resource:

Velveta Howell or Current Regional Manager  
Office for Civil Rights U.S. Department of Health and Human Services  
999 18th Street, Suite 417 Denver, CO 80202  
PHONE (800) 368-1019 FAX (303) 844-2025 TDD (800) 537-7697

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Patient Signature (or patient representative)

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Date

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Relationship to Patient