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## NOTICE OF PRIVACY PRACTICES

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This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our commitment here at NYC Speech-Language Pathologist is to serve our patients with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interest it may be necessary to share information with other health care providers or business associates. The following are instances where information may be shared:

- During treatment from a specialist, they may be requiring medical history.
- During treatment, your primary care physician may require documentation.
- For payment purpose, we may be required to send your insurance carrier records.

We here at NYC Speech-Language Pathologist are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses and discourse other than the ones listed above are needed; information will only be released with a written authorization from the individual in question. This written authorization may be revoked at any time by the individual, as provided by law.

If you have read and understand the above Notice of Privacy Practices, please list any persons who you may want to access your Medical Information.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name #1 (Authorized person to receive record): \_\_\_\_\_

Name #2 (Authorized person to receive record): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient or Legal Guardian)