
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

LEGAL OBLIGATIONS

Karla Wilkins, MA, CCC-SLP, independent provider, is required by law to maintain the privacy of all medical information within its organization; provide this notice of privacy practices to all clients; inform clients of our legal obligations; and advise clients of additional rights concerning their medical information. I must follow the privacy practices contained in this notice from its effective date of Aug 1, 2022, and continue to do so until this notice is changed or replaced. Karla Wilkins reserves the right to change these privacy practices and the terms of this notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all medical information that is maintained including medical information created or received before the changes were made. All clients will be notified of any changes by receiving a new notice of privacy practices. You may request a copy of this notice of privacy practices at any time by contacting Karla Wilkins, MA, CCC-SLP

USES AND DISCLOSURES OF MEDICAL INFORMATION

Your medical information may be used and disclosed for treatment and payment, for example:

TREATMENT: Your medical information may be disclosed to a doctor or hospital that asks for it to provide treatment to you.

PAYMENT: Your medical information may be used or disclosed to pay claims for services provided to you by Karla Wilkins, MA, CCC-SLP.

AUTHORIZATIONS: You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. Unless you give written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

PERSONAL REPRESENTATIVE: Your medical information may be disclosed to a family member, friend of other person to the extent necessary to help with your health care or with payment for your health care but only if you agree we may do so.

RESEARCH: Your medical information may be used or disclosed for research purposes in limited circumstances.

COURT OR ADMINISTRATIVE ORDER: Medical information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

INDIVIDUAL RIGHTS

You have the right to look at or get copies of your medical information. You must make the request in writing to obtain access to your medical information.

You have the right to request restrictions on Karla Wilkins' use or disclosure of your medical information. We are not required to agree to these additional requests, but if in agreement, we will honor the agreement, except in an emergency. Any agreement to restrictions on the use and disclosure of your medical information must be in writing and signed by a person authorized to make such an agreement on behalf of Karla Wilkins, MA, CCC-SLP.

You have the right to request that the company amend your medical information. Your request must be in writing and it must explain why the information should be amended.

QUESTIONS AND COMPLAINTS

If you are concerned that Karla Wilkins, MA, CCC-SLP has violated your privacy rights, or you disagree with a decision made about access to your medical information, or in response to a request you made to amend or restrict the use or disclosure of your medical information, you may complain using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. Karla Wilkins, MA, CCC-SLP supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Karla Wilkins, MA, CCC-SLP
85 Revere Drive, Suite H
Northbrook, IL 60062/P 847.924-8810

Signature _____
Date _____