

# NOTICE OF PRIVACY PRACTICES

**Effective Date:** August 20, 2025

## **Vive Speech Therapy, PLLC**

3000 Polar Lane, Ste 701

Cedar Park, TX 78613

Phone: 512-270-0960

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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.**

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### **Our Responsibilities**

Under the Health Insurance Portability and Accountability Act (HIPAA) and applicable Texas law, *Vive Speech Therapy, PLLC* is required to:

- Maintain the privacy of your Protected Health Information (PHI).
- Provide you with this Notice explaining our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- Follow the terms of this Notice currently in effect.

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### **Your Rights**

You have the right to:

- **Get a copy of your medical record:** You may request paper or electronic copies. We may charge a reasonable fee for copying, mailing, or other supplies.
- **Correct your record:** You may ask us to correct information you believe is incorrect or incomplete.
- **Request confidential communications:** You may ask us to contact you in a specific way (e.g., cell phone, email) or send mail to a different address.

- **Ask us to limit information we share:** You may request restrictions on certain uses or disclosures, though we may not be able to agree to all requests.
  - **Get a list of those with whom we've shared your information:** You may request an accounting of disclosures made in the past six years (excluding disclosures for treatment, payment, and healthcare operations).
  - **Receive a copy of this Notice:** You can request a copy at any time.
  - **Choose someone to act for you:** If you have given someone medical power of attorney or are a legal guardian, that person can exercise your rights.
  - **File a complaint:** If you feel your privacy rights have been violated, you can contact us using the information below, or file a complaint with the U.S. Department of Health and Human Services (HHS) without fear of retaliation.
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### **Our Uses and Disclosures**

We may use and share your PHI for the following purposes:

#### **Treatment**

To provide, coordinate, and manage your care.

*Example:* Sharing information with other speech-language pathologists, physicians, or educators involved in your care.

#### **Payment**

To bill and receive payment from you, your insurance company, or other responsible party.

*Example:* Sending necessary information to your insurer to obtain payment.

#### **Healthcare Operations**

To run our practice and improve your care.

*Example:* Reviewing services for quality improvement or staff training.

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### **Other Uses and Disclosures**

We may also share your information in these situations:

- **Public health and safety:** To prevent disease, report suspected abuse or neglect, or avert serious threats to health or safety.

- **Research:** We may use or share your information for research if authorized by you or permitted by law.
  - **Required by law:** When required by federal, state, or local authorities.
  - **Respond to legal requests:** In response to a court order, subpoena, or other lawful process.
  - **Workers' compensation, law enforcement, and other government requests:** For workers' comp claims, law enforcement purposes, or specialized government functions.
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### **Uses and Disclosures Requiring Your Authorization**

We require your written permission to:

- Share your psychotherapy notes (if any).
  - Use or disclose your PHI for marketing purposes.
  - Sell your PHI.
- You may revoke your authorization at any time, in writing.
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### **Texas-Specific Privacy Laws**

Texas law provides additional privacy protections, including:

- Stricter requirements for disclosure of certain mental health, drug or alcohol abuse, and HIV/AIDS information.
  - Your right to request that your PHI not be disclosed to your health plan if you pay in full for a service out-of-pocket.
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### **Changes to This Notice**

We may change the terms of this Notice at any time, and the changes will apply to all information we have about you. The new Notice will be available upon request and posted in our office.

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### Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, contact:

**Privacy Officer**

Vive Speech Therapy, PLLC

3000 Polar Lane, Ste 701

Cedar Park, TX 78613

Phone: 512-270-0960

Email: [gretta@vivespeechtherapy.com](mailto:gretta@vivespeechtherapy.com)

You may also file a complaint with:

Office for Civil Rights (OCR)

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

Website: [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy)

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### Acknowledgment of Receipt

I acknowledge that I have received and reviewed the Notice of Privacy Practices from Vive Speech Therapy, PLLC.

Client/Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_