PRIVACY RIGHTS

If requested by patient, families, POAs or caregivers

Nice Speech Lady LLC

DBA: "Nice Speech Lady, LLC"

- Service Locations: throughout New Mexico ad North Carolina
- if qualifying, virtually in NM & NC. Limited in-person services in New Mexico.
- email: gethelp@nicespeechlady.net
- NM Business Address: 500 Marquette Ave. NW, Suite 1200 Albuquerque, NM 87102-5312.
- NC Business Address: 4030 Wake Forest Road, STE 349 Raleigh, NC 27609.
- https://nicespeechlady.com/for-patients/
- NM FAX: 1-833-455-8353. NC FAX: 1-833-471-5616. Back-up FAX: 1-855-978-1157.
- Clinic Line: 1-505-358-9946

Please read, and inform clinic staff if there are any questions.

NOTICE OF PRIVACY PRACTICES (Multi-State Compliance). This notice describes how health information may be used or disclosed and how individuals may access this information, and it applies to all services provided by Nice Speech Lady in New Mexico, North Carolina, and any other jurisdiction in which services are lawfully rendered. Nice Speech Lady recognizes that health information identifying a patient is personal and confidential and is committed to protecting it in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable federal regulations, and state privacy laws of New Mexico and North Carolina. Nice Speech Lady creates and maintains records of care and services to provide treatment, manage operations, comply with legal obligations, and support billing and payment activities, and this notice applies to all protected health information (PHI) maintained in any form, including paper, electronic, verbal, tele-health, portal, fax, email, mobile, cloud-based, or other secure systems. Nice Speech Lady is required by law to maintain the privacy and security of PHI, provide this notice of legal duties and privacy practices, notify affected individuals following a breach of unsecured PHI, and comply with the terms of this notice currently in effect, while reserving the right to revise this notice and apply revisions to all PHI maintained, with updated versions available upon request and on the practice website. PHI may be used or disclosed without written authorization for treatment, payment, and health care operations, including coordination of care, consultations with other licensed providers, referrals, supervision, quality assurance, utilization review, credentialing, training, compliance activities, billing, and communication with health plans, and disclosures for treatment are not limited to the minimum necessary standard when full access is required to ensure safe and effective care. PHI may also be disclosed as required or permitted by law, including for public health reporting; prevention or reporting of abuse, neglect, or domestic violence; health oversight activities; audits and investigations; judicial and administrative proceedings; responses to court orders, subpoenas, or lawful processes; law enforcement purposes; coroner or medical examiner duties; approved research activities with required safeguards; workers' compensation claims; specialized government functions; and to avert serious threats to health or safety. In accordance with New Mexico law, all health information identifying an individual as a patient is strictly confidential and not a public record, and disclosure beyond treatment, payment, and legally permitted purposes requires valid written authorization, with medical records required to be accurate, complete, legible, securely maintained, protected against unauthorized access, and retained and destroyed in accordance with state retention and disposal requirements, including extended protections for minors. In accordance with North Carolina law, patient records are confidential and may be disclosed only as permitted by law or authorized by the patient or legal representative, with additional protections applying to mental health records, substance use treatment records, HIV and STI information, reproductive health care information, and other sensitive categories as required by federal and state statutes. Certain uses and disclosures require written authorization, including most uses or disclosures of psychotherapy or session notes, marketing, and any sale of PHI, none of which are conducted by Nice Speech Lady, and authorizations may be revoked in writing as permitted by law. Patients have the right to request restrictions on uses or disclosures of PHI, request restrictions on disclosures to health plans for services paid in full out of pocket, request confidential communications by alternative means or locations, inspect and obtain copies of medical records excluding session notes within legally required

timeframes, request amendments to records believed to be inaccurate or incomplete, receive an accounting of disclosures as required by law, receive paper or electronic copies of this notice upon request, be informed of privacy breaches involving unsecured PHI, and file complaints with Nice Speech Lady or the U.S. Department of Health and Human Services without retaliation. Tele-practice services may be offered when clinically appropriate and legally permitted, subject to payer coverage and state licensure requirements, and patients will be notified of any material changes affecting availability or coverage of virtual services. Parents, guardians, caregivers, or legally authorized representatives are responsible for supervising minors and dependent individuals in waiting areas and during services as required, and Nice Speech Lady staff are not responsible for unsupervised dependents. Questions, complaints, access requests, amendments, restrictions, or breach concerns may be directed to the designated Privacy Officer, Wilson Nice, M.A., CCC-SLP, Owner of Nice Speech Lady, with practice information available at nicespeechlady.com, billing address Nice Speech Lady LLC, P.O. Box 32973, Belfast, ME 04915-0607, and North Carolina resident agent address 4030 Wake Forest Road, Suite 349, Raleigh, NC 27609, doing business as Nice Speech Lady PLLC.CLINIC RESPONSIBILITIES. Nice Speech Lady is responsible for protecting the privacy, confidentiality, and security of all PHI in compliance with HIPAA and applicable New Mexico and North Carolina laws, providing patients with a Notice of Privacy Practices and honoring its terms, using and disclosing PHI only as permitted or required by law, maintaining accurate, complete, timely, and legible medical records, implementing administrative, technical, and physical safeguards to protect PHI, notifying affected individuals and appropriate authorities of breaches of unsecured PHI as required by law, ensuring staff receive training in HIPAA compliance, privacy, confidentiality, mandated reporting, trauma-informed care, and professional ethics, providing services in a safe, respectful, and non-discriminatory manner, complying with licensure laws, payer requirements, and professional standards of care, verifying patient identity prior to discussing or disclosing PHI, responding to patient requests for records, amendments, restrictions, or accountings of disclosures within legally required timeframes, making reasonable accommodations for disabilities, language needs, and accessibility when requested and feasible, acting as mandated reporters in cases of suspected abuse or neglect, communicating required changes to policies, services, scheduling, coverage, or tele-practice availability, designating a Privacy Officer to receive privacy-related questions and complaints, and retaining and securely destroying records according to federal and state retention requirements.PATIENT RIGHTS. Patients have the right to receive respectful, professional, and ethical care; to privacy and confidentiality of their health information; to receive a copy of the Notice of Privacy Practices; to inspect, obtain, and receive copies of their medical records excluding psychotherapy or session notes where permitted by law; to request corrections or amendments to inaccurate or incomplete records; to request an accounting of disclosures of PHI; to request restrictions on how PHI is used or disclosed, including restrictions for services paid fully out of pocket; to request confidential communications using alternative contact methods; to be informed of privacy breaches involving unsecured PHI; to receive information about treatment options, risks, and benefits in a way that can be understood; to decline or withdraw consent for services except where required by law or contract; to decline tele-practice services even when clinically appropriate or covered by insurance; to file complaints with Nice Speech Lady or the U.S. Department of Health and Human Services without fear of retaliation; to have a parent, guardian, power of attorney, or authorized representative exercise rights on their behalf when applicable; and to receive services without discrimination based on race, color, religion, sex, gender identity, sexual orientation, national origin, disability, age, or payer source. PATIENT RESPONSIBILITIES. Patients, parents, guardians, and decision-makers are responsible for providing accurate, complete, and current information regarding medical history, insurance coverage, contact details, and legal authority such as guardianship or power of attorney; notifying Nice Speech Lady promptly of

changes to insurance, contact information, medical status, or care providers; following policies related to attendance, scheduling, cancellations, and communication; arriving on time for scheduled appointments and providing early notice when unable to attend; paying required copays, deductibles, coinsurance, or self-pay balances according to agreed terms; supervising minors and dependent individuals in waiting areas, restrooms, during visits, and during tele-practice sessions when required; participating actively in therapy including home practice and caregiver involvement when recommended; communicating openly about barriers to attendance, participation, or progress; respecting clinic staff, other patients, and clinic property; using secure communication methods for sharing health information and understanding the risks of unsecured communication; informing Nice Speech Lady of contagious symptoms, illnesses, or safety concerns prior to visits; complying with technology, supervision, and location requirements for tele-practice; reviewing and understanding policies, consent forms, and privacy notices; and asking questions when expectations, recommendations, or policies are unclear. SIGNATURE DESIGNATION: If you have any questions not covered here, please ask prior to signing. This notice goes into effect on the date of signing. By signing this form, I certify that I have read or had this form read to me, fully understand its contents, have had the opportunity to ask questions, and agree to the items contained in this document. If I am signing this document, I am either the patient, a legal parent or custodial parent, a power of attorney, or a legal guardian of the patient. Agreement updated as of 12-20-25.

Submit

Your information will be encrypted.

Nice Speech Lady

Owner Wilson Nice, M.A., CCC-SLP

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