Release of Information (HPI-Sharing), Nice Speech Lady

Nice Speech Lady LCC

DBA in NC = "Nice Speech Lady, PLLC"

- Service Location: Albuquerque, NM (live video visits + some limited in-person/ABQ visits).
- Clinic website: https://nicespeechlady.com/for-patients/
- Practice Hushmail/Encrypted Email: gethelp@nicespeechlady.net (requires a gmail from patients, use of password) Telephone
- NM Business Address: Nice Speech Lady LLC 500 Marquette Ave. NW, Suite 1200 Albuquerque, NM 87102 (previous address in Socorro, NM)
- NC Business Address: Nice Speech Lady, PLLC. 4030 Wake Forest Rd., STE. 349, Raleigh, NC 27609.
- NM FAX: 1-833-455-8353. NC FAX: 1-833-471-5616. Backup FAX: 1-855-978-1157.
- Wilson Nice, M.A., CCC-SLP, speech-language pathologist
- Clinic Line: 1-505-358-9946

Date *

Patient Name *

Name of person filling out form *

Role of person filling out form (parent, POA, guardian, etc.) *

I authorize Nice Speech Lady LLC to: *

Agency/organization/individial, to release records/if not Nice Speech Lady (List the name, address, phone number, fax, other contact information) *

If only Nice Speech Lady is releasing the records, list N/A.

Information to Disclose (clinical records, test results, between-visit notes, payer data, requested letter, authorization to verbally communicate/speak, other, all) *

The information is to be released to (in general: provider, school, entity, personal reference, family member, specialist, government agency, other). *

Name of personal/agency to receive records: *

Contact information of agency/individial = address, fax, phone, encrypted email,portal

Purpose of the disclosure (e.g., treatment, continuity of care, school access) *

This authorization will expire on: *

Options for sending requested data *

- Faxing directly to a facililty
- Faxing to a secure location (for patients/families only)
- Printed pages (to be picked up at clinic)
- Printed pages (to be shipped, to be reimbursed by requestor)
- Portal upload to a facility system
- Portal upload from Athena (for patient's/families only, for personal reference, not for sharing with facilities)
- Participation in IEP meetings
- Phone calls, encrypted emails, in-person discussions for coordination of care

Sensitive Data topics to not include in released records: *
N/A.

Authorization Statement As the decision-maker for the patient, I hereby authorize the release of the specified documents to the entity listed in this authorization for the purpose outlined herein. I understand that I have the right to receive a copy of this authorization upon request. I acknowledge that I have the right to refuse to sign this authorization. If applicable, and if I am the legal guardian or court-appointed representative of the patient, I will provide proof of such status. I will only sign this document if I am the natural parent with custodial rights or have legal guardianship of a minor. II. Transmission of Information: The practice will directly transmit the requested documents to the specified recipient(s) using secure methods to maintain patient privacy and security. I acknowledge that the practice is not responsible for any breach of privacy or security once the information is shared with third parties outside the practice’s control, including family members or other individuals. I accept full responsibility for any violation arising from

Mental Health Records

Substance Abuse Disorder Treatment

HIV status

Not applicable

Other (fill in data)

unauthorized disclosure by third parties. III. Completeness and Clarity Requirements: I understand that delays may occur if this document is not fully completed. A new Release of Information (ROI) form will be required for sharing documents with other entities or facilities to ensure compliance with privacy regulations. The practice requests that only one entity be listed per request for clarity. IV. Revocation and Expiration of Authorization: I understand that this authorization is voluntary and that I may revoke this authorization at any time by submitting a written notice to the practice. The revocation will be effective upon receipt but will not affect any disclosures made prior to its receipt. This authorization will automatically expire when the purpose for which it was given is fulfilled or as specified below. V. Scope of Information Disclosure: I have specified the information to be disclosed, the purpose, and the recipient(s) of the information. I understand that the information disclosed to recipients who are not healthcare providers or entities covered by HIPAA may no longer be protected under HIPAA or applicable federal or state laws. I assume responsibility for any risks associated with sharing information with non-healthcare entities, including the fact that such entities may not be bound by confidentiality protections. VI. Processing Timeline: The practice may require up to 30 calendar days to process this request, depending on the complexity of the data requested, but it may be able to complete the request in as little as 7 calendar days. The 30 day requirement is the standard of the maximum amount of days allowed for a practice in the state of New Mexico. If the requested records are off-site, processing may take up to 60 calendar days, also as per New Mexico state law. VII. Restrictions on Sharing Information: I understand that the records I am requesting are intended for the specified recipient(s) only. If another party or facility is to receive the records, I will be required to complete a new Release of Information (ROI) form authorizing that party or facility to access the information. VIII. Large Data, Fees/Printed Copies & Limited HIPAA-Compliant Email Limitations: Large Data Requests, Fees for Printed Copies & Limited HIPAA-Compliant Email Limitations: The practice employs HIPAA-compliant email for certain limited types of data transmission but does not use this system for sending complete medical records. The system is designed for

brief communications or for those who cannot access the patient portal in a regular basis or for those who have difficulty with the format of the messaging in the portal. For more extensive records, the practice only uses patient portal for electronic versions of records to families. The practice can provide instructions in accessing the portal records if desired. The practice can provide printed copies upon request as well. For large data requests, after the ROI form is fully executed, the practice makes records downloadable directly from the practice's patient portal or printed copies can be requested. Printed records will incur a charge of $0.15 per page, starting from the 101st page if the total exceeds 100 pages. If families desire an estimate of the amount prior to printing, the practice will need to be notified upon deciding on the method of records modality. No charges will apply for facility-to-facility transmission of records if requested directly by the decision-maker. Records sent via fax or secure portal uploads between facilities will ensure compliance with HIPAA and privacy laws. IX. Risks of Unauthorized Disclosure: The practice is not responsible for any unauthorized disclosure of records once the information is released to an entity or individual not bound by HIPAA or state law. I acknowledge the risks associated with sharing personal health information with third parties and non-HIPAA-covered entities. X. Sensitive Data: If the Protected Health Information (PHI) includes sensitive data (e.g., mental health records, substance use disorder treatment, HIV status), additional protections apply. If such sensitive information is included in the records, and I wish to exclude it from the release, I acknowledge that I may do so by specifying it below. XI. Method of Transmission: I understand that requested electronic records will be securely transmitted through the patient portal or other secure methods, such as fax or portal uploads to facilities. As the decision-maker, I am responsible for completing a separate ROI if another entity requires records. While the practice ensures secure transmission of both electronic and paper copies, I acknowledge that any sharing by other parties after the records are released is outside the practice's control. Therefore, it is strongly recommended to complete additional ROIs to maintain data security. The practice is not responsible for security breaches if others share documents outside the direct secure methods provided by the practice. XII. Fax

and Facility-to-Facility Transfer: I understand that records may be transmitted via fax or direct facility-to-facility transfer, both of which ensure the security of the patient's health information in compliance with HIPAA and state privacy laws. XIII. Acknowledgment of Understanding: Acknowledgment of Understanding: Under HIPAA, a decision-maker has the following rights: They can access an individual's medical records and health information unless restricted by law or specific circumstances. They can authorize the release of the individual's health information to third parties through a Release of Information (ROI) and have the right to be informed about how the information may be used or shared. Their rights may be limited if the individual (e.g., a minor) has the legal capacity to make their own decisions or if laws or court orders restrict access. Decision-makers can request a record of when and to whom the individual's health information has been disclosed (excluding certain types of disclosures, such as for treatment, payment, or healthcare operations). They can request paper or electronic copies of the individual's health information, often for a reasonable fee, and revoke previously granted authorization for disclosure if the information has not yet been shared. They may specify preferences regarding how health data is shared, such as limiting disclosures to specific parties or purposes. Decision-makers can also request corrections to medical records if they believe there is an error and are entitled to be notified if there is a breach of the individual's unsecured health information. By signing this document, I confirm that I understand the content of this release, the purpose of disclosure, and my rights under HIPAA. (Updated as of 8-26-26)

Signature *

Click to sign

Date

CLINIC INFORMATION

Nice Speech Lady LLC

DBA in NC = "Nice Speech Lady, PLLC"

Service Location: Albuquerque, NM (live video visits + some limited in-person/ABQ visits).

Business Location: Raleigh, NC (live video visits only)
505-907-1902, voicemails only/secure line.

Business cell (best number) = 505-358-9946, quick messaging without private data.

Clinic website: https://nicespeechlady.com/for-patients/ (https://nicespeechlady.com/for-patients/)

Practice Hushmail/Encrypted Email: gethelp@nicespeechlady.net (requires a gmail from patients, use of password)

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NM FAX: 1-833-455-8353. NC FAX: 1-833-471-5616. Backup FAX: 1-855-978-1157.

Owner Wilson Nice, M.A., CCC-SLP, speech-language pathologist

Submit

Your information will be encrypted.



Nice Speech Lady LLC

OP SLP clinic for all ages

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Clinic Line/Landline: 505-907-1902

Terms of service (https://www.hushmail.com/terms/) | Privacy policy (https://www.hushmail.com/privacy/)

nicespeechlady.com/for-patients (https://nicespeechlady.com/for-patients/)

409 N. California St., Socorro,, NM, 87801, USA (https://maps.google.com/?q=409+N.+California+St.+Socorro%2C+NM+87801+USA)