



Little Bean Speech, PLLC

Privacy Notice

Your privacy is very important to us at Little Bean Speech, PLLC. I recommend that you review this Notice of Privacy Policy for important details for maintaining confidentiality. Please communicate to Little Bean if your contact information has changed.

PRIVACY/CONFIDENTIALITY POLICY

Privacy of personal information is an important principle to Little Bean Speech, PLLC. We are committed to collecting, using and disclosing personal information responsibly and only to the extent necessary for the services we provide. We following the standards stated within the privacy rules stated within the Health Insurance Portability and Accountability Act (HIPAA-1996)

Patients have the rights and responsibility to:

- Receive prompt and respectful quality of care.
- Access health services without discrimination
- Confidentiality of your health information
- Receive accurate information regarding diagnosis, treatment, rules of treatment and indications for therapy response.
- Ask questions, participate in decision making and ask for assistance or clarification with any information you may receive from Little Bean Speech.
- Request information regarding coverage and payment for therapy services.
- Attend and reschedule appointment within a reasonable timeframe.
- Regularly communication with staff regarding concerns and treatment.
- Request for additional clinical support or consultation.

Personal Information Collection:

Like all medical professions, we collect, use and disclose personal information in order to serve our clients. For our clients, the primary purpose for collecting personal information is to provide treatment, complete billing and practice operations. We will use this information to complete the necessary functions to support the therapy process and to support our team clinical development. We will following the minimal necessary standard to only collect pertinent information to ultimately maintain your privacy. Again, this information will be shared if you practiced is contacted by a regulated entity to share information for federal, state or local law, threats/safety, abuse/neglect, appointment communication (contact information used)

Protecting Personal Information

- Paper information is secured in a locked or restricted area.
- Electronic hardware is either under supervision or secure in a locked or restricted area at all times. In addition, passwords are used on computers. Paper information is transmitted through sealed addressed envelopes.
- Electronic information is transmitted either through a direct line or has identifiers removed or is encrypted. We have a BAA disclosure on our electronic medical records.
- I collect, use and disclose personal information only as necessary to fulfill my duties and in accordance with our privacy policy.
- Information is not shared without a disclosure signed by the family/responsible party.

Retention and Destruction of Personal Property

We need to retain personal information for some time to ensure that we can answer any question the client may have about the services provided and for our own accountability to external regulatory bodies. We keep our clients' files for seven years according to our regulations. We destroy paper files containing personal information by shredding. We destroy electronic information by deleting it and, when the hardware is discarded, we ensure that the hard drive is physically destroyed.

Authorization to Release Information: Each parent or guardian will sign a release prior to the start of therapy evaluation or services. Authorizing Little Bean Speech to share information, upon request of any of the following: Department of Social Services, the Social Security Administration, the Department of Human Services, any insurance company or when required by law. Information will only be used to provide treatment, payment and healthcare operations. In addition, additional permissions to share information with pertinent person or provider will be listed within the contract or additional permission to share forms throughout the therapy process.

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the development of my child's treatment program.
- I have the right to withdraw permission for the release of my child's information at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily and treatment, payment or my eligibility for benefits will not be affected if I do not sign this authorization.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.
- The information you and/or your child provide during the screening, admission, evaluation, and treatment process is considered confidential by Little Bean Speech, PLLC. This includes, but is not limited to photographs, videos, audio recordings, client records and reimbursement records. Under the following specific conditions, release of information is permitted and/or required by law and professional ethics.
 1. When Little Bean Speech, PLLC has received a signed authorization from you or your legally responsible person. Such authorization may be revoked at any time except to the extent that action based on this consent has already been taken.
 2. When in response to a request made by regulatory agencies.
 3. The client presents a threat of physical harm to either themselves or to other persons and disclosure is made to avert the potential for physical harm.
 4. When Little Bean Speech, PLLC is required by law to report abuse, neglect or exploitation of children.
 5. When in response to a court order.

All disclosure of information will be documented in the client's record. In the event that you wish to review your record, you should contact Lauren Stalte. You will need to make a written request for the information you wish to review. You may then request the information to be mailed or faxed to you. Any breach of privacy will be communicated to you within 60 days of any data breach. If you have any questions regarding our policies and procedures or if you have concerns with your current service provider/therapist. Please don't hesitate to contact the owner, Lauren Stalte.

Little Bean Speech, PLLC 5221 Sunset Walk Ln Holly Spring NC 27540 919-710-5174
Lauren@LittleBeanSpeech.com

Privacy notice will be supplied to each family we serve and is available on our website:

www.littlebeanspeech.com.

Updated June 2025