



Nombre del niño/a: _____ Fecha _____

_____: Las habilidades del habla y lenguaje de su hijo/a tiene que ser evaluadas.
Por favor, complete los formularios adjuntos.

_____: Su hijo califica para la terapia del habla, así que ¡**Hola** de parte de terapia del habla! Una vez que su hijo/a comienza la terapia, por favor consulte a su hijo acerca de sus sesiones de terapia del habla. La manera más eficaz para asegurar su progreso es trabajando juntos. Juntos podemos ayudar a su hijo/a aumentar sus habilidades del habla y lenguaje. Por favor siéntase libre de contactarme en cualquier momento. Nuestro número de oficina es 910-671-9827.

_____: Su hijo pasó todas las pruebas de habla y el lenguaje! Por favor, llámenos para obtener más información.

_____ es la patóloga del habla y lenguaje en **SPEECH SOLUTIONS, INC** que evaluó a su hijo/a. Si usted tiene alguna pregunta acerca de la evaluación, por favor llame a nuestra oficina. Una vez que se haya recibido la autorización _____ será la persona que le proveerá terapia a su hijo/a. Ella le dará su información para que usted pueda contactarla.

Vamos a trabajar duro para asegurarnos de satisfacer las necesidades del habla y lenguaje de su hijo.

Meeting the Speech and Language Needs

of Our Community Since 2003

Allison Harrington, President
Speech Solutions, Inc.

Recuerde....



**Somos las terapeutas
de los LABIOS ROJOS!**

Estamos localizados en:

4260 Fayetteville Road (Upstairs)
P.O. Box 1288
Lumberton, NC 28359
(P) 910-671-9629
(F) 910-671-9630

714 Atkinson Street
Laurinburg, NC 283522
(P) 910-277-1588
(F) 910-277-1589

106 South Lee Street
Whiteville, NC 28472
(P) 910-640-0856
(F) 910-640-0857

4902 Main Street, Suite D
Shalotte, NC 28459
(P) 910-754-3484
(F) 910-754-3485

www.speechsolutionsinc.com

Notice of Patient Information Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE RERVIEW IT CAREFULLY.

Speech Solutions, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Speech Solutions, Inc. uses your personal health information primarily for treatment; conducting internal administrative activities and evaluating the quality of care we provide. For example, Speech Solutions, Inc. may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be if interest to you.

Speech Solutions, Inc. may also use or disclose your personal health information without prior authorization for public health purposes, for auditioning purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, the appropriate police department is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Speech Solutions, Inc. may change its policy at any time. When changes are made, a Notice of Information Practices will be posted in the waiting room and patient's therapy room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You may have the right to review or obtain a copy of your personal health information at any time. You have the right to request any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we do not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Speech Solutions, Inc. will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Speech Solutions, Inc. may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. For further information on Speech Solutions, Inc. health information practices or if you have a complaint, please contact the following person:

Lee Anne Harling
4260 Fayetteville Rd.
Lumberton, NC 28358
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910-277-1588

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