



Child's Name: _____ DATE _____

_____: Your child's speech and language skills needs to be tested.
Please complete the attached forms.

_____: Your child qualifies for speech therapy, so **Hello** from speech therapy! Once your child begins therapy, please ask your child about their speech therapy sessions. The most effective way to ensure progress is working together. Together we can help your child increase his/her speech and language skills. Please feel free to contact me at anytime. Our office number is 910-671-9629.

_____: Your child passed all speech and language testing! Please call us for further information.

_____ is the speech language pathologist at **SPEECH SOLUTIONS, INC.** that tested your child. If you have any questions about the evaluation please call our office. Once authorization has been received _____ will be conducting therapy with your child. She will provide you with her contact information.

We will work hard to ensure we meet your child's speech and language needs.

Meeting the Speech and Language Needs
of Our Community Since 2003
Allison Harrington, President
Speech Solutions, Inc.

Remember....



***We are the therapists
with the LIPS!***

We are located at:

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
910-671-9629
910-277-1588

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