

Linda M. Carroll, PhD CCC-SLP FASHA

300 Pioneer Road

Rye, NH 03870

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646-644-3379

**NOTICE OF PRIVACY
PRACTICES**

NOTICE OF PRIVACY PRACTICES

Effective Date: August 1, 2023

Introduction

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

Dr. Linda Carroll is required by law to protect the privacy of health information that may reveal your identity. Dr. Carroll is also required to provide you with a copy of this notice which describes the health information privacy practices of her health care providers that jointly provide health care services with Dr. Carroll, and to follow the terms of the notice that is currently in effect.

A copy of the current notice will always be available in Dr. Carroll's office location. You may email LMCARROLLPHD@aol.com to obtain your own copy or you may ask for one at the time of your visit.

If you have any questions about this notice or would like further information, please contact us at telephone number listed above.

PARTICIPANTS

Dr. Carroll provides health care to patients and other health care professionals and organizations. The privacy practices described in this notice will be followed by:

- Any health care professional who treats you at our location:
- All employees, medical staff, trainees, students, or volunteers at our location:
- Any business associates of the practice (which are described further below)

These facilities and individuals will share protected health information with each other, as necessary to carry out the treatment, payment, and healthcare operations describe in this notice.

IMPORTANT SUMMARY INFORMATION

What Health Information is Protected. We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are: information indicating that you are a patient of Dr. Carroll; information about your health condition (such as a disease that you may have); or information about your health care benefits under an insurance plan; *when combined with:* demographic information (such as your name, address, phone number, or email address); unique numbers that may identify you (such as your medical record number); and other types of information that may identify who you are.

Personal Representatives. If a person has the authority under law to make decisions for your relative to healthcare (“personal representative”) Dr. Carroll will treat your personal representative the same way we would treat you with respect to your PHI. Parents and guardians will generally be personal representatives of minors unless the minors are permitted by law to act on their own behalf.

Requirement for Written Authorization. We will obtain your written authorization before using your health information or sharing it with others outside Dr. Carroll, except as described below. You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to:

*Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870*

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information. Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. Notices explaining how these categories of information will be protected by Dr. Carroll are attached as Attachments A-B.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

You have the following rights regarding your medical information:

Right To Inspect and Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to:

*Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870*

If you request a copy of the information, we may charge a fee, as permitted by law, for the costs of copying, mailing or other supplies we use to fulfill your request. The fee must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 14 days. We ordinarily will respond to requests for copies within 30 days if the information is located in our facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written statement that explains the reasons for providing only a summary and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we may not let you inspect or copy.

Right To Amend Records

If you believe that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept in our records. To request an amendment, please write to:

*Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870*

Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 14 days. If we need additional time to respond, we will notify you in writing within 30 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

Right To an Accounting of Disclosures

After August 1, 2023, you have a right to request an “accounting of disclosures” which is a list with information about how Dr. Carroll has shared your information with others outside the practice.

An accounting list will not include:

- Disclosures we made to you or your personal representative.
- Disclosures we made pursuant to your written authorization.
- Disclosures we made for treatment, payment or business operations.
- Disclosures made from the patient directory.
- Disclosures made to your friends and family involved in your care or payment for your care.
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by).
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you.
- Disclosures made to federal officials for national security and intelligence activities.
- Disclosures made before August 1, 2023

To request this list, please write to:

Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870

Your request must state a time within the past six years for the disclosures you want us to include. You have a right to receive one list within every 12-month period for free. However, we may charge you for the cost of providing any additional lists in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting within 30 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay providing you with the accounting list without notifying you because a law enforcement official or government agency has directed us to do so.

Right To Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. To request restrictions, please write to:

*Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870*

Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or to comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we may revoke the restriction.

Right To Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to:

Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870

We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

How to Obtain a Copy of Revised Notice. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all your health information. We will post any revised notice in our reception area. You will also be able to obtain your own copy of the revised notice by emailing our office at:

LMCARROLLPHD@AOL.COM

or asking for one at the time of your next visit. The effective date of the notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

How to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint please contact:

Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870

Or

**Department of Health and Human Services/Office of Civil Rights at:
www.hhs.gov/ocr/hipaa**

No one will retaliate or take action against you for filing a complaint.

How We May Use and Disclose Your Health Information
Without Your Written Authorization

Treatment. We may share your health information with healthcare providers at Dr. Carroll's office who are involved in taking care of you, and they may in turn use that information to treat you. A healthcare provider at Dr. Carroll's may share your health information with another healthcare provider for your diagnosis and treatment.

Payment. Payment for professional services is due at the time of the visit. Electronic payment (Zelle [LMCarrollPhD@aol.com]) is the preferred method but may also be made via PayPal [LMCarrollPhD@aol.com] or Venmo [@Linda-Carroll-78], or credit card [provided at time of service]. A service fee may be applied to credit card charges. A receipt for professional services can be provided if requested.

Business Operations. We may use your health information or share it with others to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to conduct training programs for students, trainees, and other healthcare practitioners. An observer is never permitted to watch a session without your expressed written or verbal consent. Treatment is never permitted by an observer. Finally, we may share your health information with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider currently has or previously had with you, and if the provider is required by federal law to protect the privacy of your health information.

Appointment Reminders, Treatment Alternatives, Benefits and Services. While providing treatment to you, we may use your health information to contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Business Associates. We may disclose your health information to contractors, agents and other business associates who need the information to assist us with carrying out our business operations. For example, we may share your health information with an insurance company or law firm, or a risk management organization to obtain professional advice about how to manage risk and legal liability, including insurance or legal claims. We may also share your health information with an accounting firm to obtain advice on legal compliance. If we do disclose your information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

Family and Friends Involved in Your Care. If you do not object, we may share your health information with a family member, relative, or close friend who is involved in your care or payment for that care.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. We may also disclose your health information to a person who may have been exposed to a

communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; (3) monitoring the performance of a product after it has been approved for use by the public.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow.
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person.
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests.
- If we suspect that death resulted from criminal conduct.
- If necessary to report a crime that occurred on our property.

To Avert A Serious And Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we

will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), if we determine that you escaped the lawful custody (such as a prison) or eloped from a mental health institution.

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others to conduct research. However, under some circumstances, we may use and disclose your health information without your written authorization, applying specific criteria, for a research protocol which poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identify publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. We may share health information with people who are conducting research using the information of deceased persons, if they agree not to remove from our facility any information that identifies the deceased person.

Completely De-identified or Partially De-identified Information.

We may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you for research, public health and specific healthcare operations if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will exclude all direct identifiers but may include zip code, dates of birth, initial visit, and discharge.

Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosure of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

Attachment A

CONFIDENTIALITY OF HIV-RELATED INFORMATION

Effective Date: August 1, 2023

The privacy and confidentiality of HIV-related information maintained by Dr. Carroll is protected by Federal and State law and regulations. These protections go above and beyond the protections described in this general Notice of Privacy Practices (NOPP). *If you have questions about this notice or would like further information, please contact:*

*Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870*

We recommend that you also take time to review the Notice of Privacy Practices for information about how your health information may generally be used and disclosed by Dr. Carroll. The Notice of Privacy Practices also provides information about how you may obtain access to your health information, including confidential HIV-related information. If there is any conflict between the Notice of Privacy Practices and this notice, the protections described in this notice will apply instead of the protections described in the NOPP.

Confidential HIV-related information is any information indicating that you had an HIV-related test, have HIV-related illness or AIDS, or have an HIV-related infection, as well as any information which could reasonably identify you as a person who has had a test or has HIV infection.

Under State law, confidential HIV-related information may only be given to persons allowed to have it by law, or person you have allowed to have it by signing a written authorization form.

Confidential HIV-related information about you may be used by personnel within the practice who need the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the practice. Generally, Dr. Carroll may not reveal to an outside person confidential HIV-related information that the institution obtains in the course of treating you, *unless*:

- Dr. Carroll obtains your written authorization.
- The disclosure is to a person who is authorized to make health care decisions on your behalf and the information disclosed is needed by that person to make his/her decisions.
- The disclosure is to another health care provider or payer for treatment or payment purposes.
- The disclosure is to a third party of the institution who needs the information to provide you with direct care or treatment, to process billing or reimbursement records, or to monitor or evaluate the quality of care provided at the practice. In such cases, Dr. Carroll will have an agreement with the third party to ensure that your confidential HIV-related information is protected as required under Federal and State confidentiality laws and regulations.
- The disclosure is required by law or court order.
- The disclosure is to an organization that procures body parts for transplantation.
- You receive services under a program monitored or supervised by a Federal, State or local government agency and the disclosure is made to such government agency or other employee or agent of the agency when reasonably necessary for the supervision, monitoring, administration of provision of the program's services.
- Dr. Carroll is required under Federal or State law to make the disclosure to a health officer.
- The disclosure is required for public health purposes.
- The patient is deceased, and the disclosure is made to a funeral director who has taken charge of the deceased person's remains and who has access in the ordinary course of business to confidential HIV-related information on the deceased person's death certificate,
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

Violation of these privacy regulations may subject the institution to civil or criminal penalties. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law. To file a complaint mail completed form DOH-2865 (Complaint Report for Alleged Violation of Article 27-F) to:

New Hampshire Department of Health and Human Services

<https://www.dhhs.nh.gov/>

Brown Building 129 Pleasant Street
Concord, NH 03301
(603) 271-9000; (800) 852-3345

Please refer to Dr. Carroll's main Notice of Privacy Practices for additional information.

DR. LINDA M. CARROLL

ATTACHMENT B

**CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE TREATMENT
INFORMATION**

Effective Date: August 1, 2023

The confidentiality of alcohol and substance abuse treatment records maintained by Dr. Carroll is protected by Federal and State law and regulations. These protections go above and beyond the protections described in the Notice of Privacy Practices. *If you have questions about this notice or would like further information, please contact:*

*Linda M. Carroll, PhD
300 Pioneer Road
Rye, NH 03870*

We recommend that you take time to review the Notice of Privacy Practices for information about how your health information may generally be used and disclosed by Dr. Carroll. The Notice of Privacy Practices provides information about how you may obtain access to your health information, including alcohol and substance abuse treatment records. If there is any conflict between the Notice of Privacy Practices and this notice, the protections described in this notice will apply instead of the protections described in the Notice of Privacy Practices.

**CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE TREATMENT
INFORMATION**

Confidential alcohol and substance abuse treatment records include any information that identifies you as having been diagnosed with, treated for or referred for treatment of alcohol abuse, substance abuse or chemical dependency.

Information about you may be used by personnel within the practice in connection with their duties to provide you with referral for treatment of alcohol or substance abuse. Such use will be limited to the minimum amount of information necessary to carry out their duties. Generally, Dr. Carroll may not reveal to a person outside of the practice any information that would identify you as under treatment for alcohol or substance abuse, *unless*:

- Your written authorization is obtained.
- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations.
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information.
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for Dr. Carroll. Dr. Carroll will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law.
- The disclosure is made to government agency or other qualified non-government personnel to perform an audit or evaluation of Dr. Carroll. Dr. Carroll will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law.
- The disclosure is made to report a crime committed by a patient either at the practice or against any person who works for Dr. Carroll or about any threat to commit such a crime;
or
- The disclosure is made to report child abuse or neglect to appropriate State or Local authorities.

Violation of these privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.