Jamie Trailov Speech Pathology, P.C.

Providing skilled pediatric speech and language services

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT THE COVERED PARTY MAY BE USED AND DISCLOSED AND HOW THE COVERED PARTY OR PERSONAL REPRESENTATIVE CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Jamie Trailov Speech Pathology, P.C. (hereinafter sometimes referred to as "we", "our", or "us") is required by applicable federal and state law to maintain the privacy of the Covered Party's health information. We are also required to give to the Covered Party or the Covered Party's Covered Party's parent, custodian, guardian or personal representative (collectively referred to as "Personal Representative") this Notice of Privacy Practices ("Notice"), as well as the Covered Party's or the Covered Party's Personal Representative rights concerning the Covered Party's health information. We must follow the privacy practices that are described in this Notice while they are in effect. **This Notice takes effect August 1, 2026**, and will remain in effect until replaced.

We reserve the right to amend or revise our privacy practices contained in this Notice at any time, and to apply the amended or revised terms to all health information that we maintain, including health information created or received before changes to the privacy practices are made. All such amendments or revised terms will be in accordance with applicable law. This Notice or any amended or revised Notices are available on our website www.jtspeechchicago.com or by contacting Jamie Trailov at (630) 460-4663 or jamie@jtspeechchicago.com.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION: The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made:

- **TO PROVIDE TREATMENT:** We may use and disclose the Covered Party's protected health information to provide, coordinate, or manage the Covered Party's audiological and speech, language and learning treatment and any related services. We may also use or disclose the Covered Party's protected health information to a physician or other healthcare provider providing treatment to the Covered Party. For example, the Covered Party's protected health information may be provided to a physician or other audiological and speech language and learning/health care provider (e.g. a specialist or laboratory) to whom the Covered Party has been referred to ensure that the physician or other audiological and speech language and learning/health care provider has the necessary information to diagnose or treat the Covered Party.

- **TO OBTAIN PAYMENT FOR TREATMENT:** We may use and disclose the Covered Party's protected health information so that the treatment and services provided to the Covered Party may be billed to the Covered Party or the Covered Party's Personal Representative, the Covered Party's insurance company, a government program, or third party payors.

- **TO CARRY OUT HEALTHCARE OPERATIONS:** We may use and disclose the Covered Party's protected health information in connection with our healthcare operations. Healthcare operations include (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of Jamie Trailov Speech Pathology, P.C.

- **TO OTHERS INVOLVED IN COVERED PERSON'S HEALTHCARE:** Unless the Covered Party's Personal Representative objects, we may disclose to a member of the Covered Party's family, a relative, a close friend or any other person the Covered Party's Personal Representative identifies, the Covered Party's protected health information that directly relates to that person's involvement in the Covered Party's health care. In the event of the Covered Party's incapacity or emergency circumstances, we may disclose the Covered Party's protected health information if it is in the Covered Party's best interest based upon our professional judgment, disclosing only health information that is directly relevant to the person's involvement in the Covered Party's healthcare. We also may use professional judgment and our experience with common practice to make reasonable decisions about the Covered Party's best interests in allowing a person to act on the Covered Person's behalf to pick up the Covered Person's hearing instruments, supplies, records, or other things that contain protected health information about the Covered Person.

- **TO COMPLY WITH THE LAW:** We may use or disclose the Covered Party's protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. The Covered Party will be notified, as required by law, of any such uses or disclosures.

- **TO COMPLY WITH HEALTHCARE OVERSIGHT:** We may disclose the Covered Party's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the audiological and speech, language and learning/health care system, government benefit programs, other government regulatory programs and civil rights laws.

- **TO REPORT INSTANCES OF ABUSE OR NEGLECT:** We may disclose the Covered Party's protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. We may disclose the Covered Party's protected health information if we reasonably believe that the Covered Party is a possible victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.

- **TO REPORT A SERIOUS THREAT TO HEALTH AND SAFETY**: We may disclose the Covered Party's protected health information to the extent necessary to avert a serious threat to the Covered Party's health or safety or the health or safety of others.

- **LAW ENFORCEMENT**: We may disclose the Covered Party's protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

- **LEGAL PROCEEDINGS**: We may disclose the Covered Party's protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

- **APPOINTMENT REMINDERS:** We may contact the Covered Party or the Covered Party's Personal Representative to provide the Covered Party or the Covered Party's Personal Representative with appointment reminders via voicemail, postcards, or letters.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, AND GENETIC INFORMATION: Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION: In addition to our use of the Covered Party's protected health information for treatment, payment or healthcare operations, the Covered Party or the Covered Party's Personal Representative may give us written authorization to use the Covered Party's protected health information or to disclose it to anyone for any purpose. Such authorization may be revoked in writing by the Covered Party or the Covered Party's Personal Representative at any time. Such revocation will not affect any use or disclosures permitted by such authorization while it is in effect. Unless the Covered Party or the Covered Party's Personal Representative gives us a written authorization, we cannot use or disclose the Covered Party's protected health information for any reason except those described in this Notice.

We will not use the Covered Party's protected health information for the following without written authorization:

1. ***Marketing.*** We will not use and disclose the Covered Party's protected health information for marketing purposes for which we may receive remuneration.

2. ***Sale of Protected Health Information.*** We will not use and disclose the Covered Party's protected health information that would constitute the sale of protected health information.

TO YOUR FAMILY AND FRIENDS: We must disclose the Covered Party's protected health information to the Covered Party or the Covered Party's Personal Representative, as described in the Patient Rights section of this Notice. A Covered Party or the Covered Party's Personal Representative

has the right to request restrictions on disclosure to family members, other relatives, close personal friends, or any other person identified by a Covered Party or the Covered Party's Personal Representative.

COVERED PARTY'S RIGHTS REGARDING PROTECTED HEALTH INFORMATION: The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **NOTIFIED IF THERE IS A BREACH OF PROTECTED HEALTH INFORMATION:** You have the right to be notified upon a breach of any of your unsecured protected health information.

- **ACCESS:** A Covered Party or the Covered Party's Personal Representative may inspect and obtain a copy of the Covered Party's protected health information that is contained in the Covered Party's medical and billing records and any other records used for making decisions about the Covered Party. All requests to inspect and copy medical information must be made in writing. If a Covered Party or the Covered Party's Personal Representative requests a copy of the Covered Party's medical and billing records, we may charge a reasonable fee, subject to applicable law, for the costs of copying, mailing or other costs incurred by us in complying with the request. Under federal law, a Covered Party or the Covered Party's Personal Representative may not inspect or copy the following records: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (3) protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, we may deny a request to inspect and/or copy a Covered Party's protected health information. A decision to deny access may be reviewable. Please contact Jamie Trailov at (630) 460-4663 or jamie@jtspeechchicago.com if you have questions about access to your medical record**.**

- **RESTRICTION:** A Covered Party or the Covered Party's Personal Representative has the right to request in writing that we place additional restrictions on our use or disclosure of the Covered Party's protected health information for the purposes of treatment, payment or healthcare operations. A Covered Party or the Covered Party's Personal Representative may also request in writing that the Covered Party's protected health information not be disclosed to family members or friends who may be involved in the Covered Party's care or for notification purposes as described in this Notice. We are under no obligation to agree to the requested restrictions. However, if we agree to the restrictions, we must comply except for the purposes of treating the Covered Party in a medical emergency.

- **DISCLOSURE ACCOUNTING:** A Covered Party or the Covered Party's Personal Representative has a right to receive a list of instances in which we disclosed the Covered Party's protected health information for purposes other than treatment, payment, healthcare operations and certain other activities described in this Notice. The maximum disclosure accounting period is six years immediately preceding the accounting request, unless otherwise limited by law. Charges may apply if more than one request for an accounting is made in a 12-month period.

- **CONFIDENTIAL COMMUNICATION:** A Covered Party or the Covered Party's Personal Representative has the right to request in writing that we communicate with a Covered Party

or the Covered Party's Personal Representative about the Covered Party's protected health information by alternative means or to alternative locations. Any such request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location requested. Reasonable requests will be accommodated.

- **AMENDMENT:** A Covered Party or the Covered Party's Personal Representative has the right to request that we amend your health information in a writing specifically identifying the changes and providing an explanation as to why the information should be amended. We may deny request under certain circumstances.

- **RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE**: A Covered Party or the Covered Party's Personal Representative has the right to receive a paper copy of this Notice even if a Covered Party or the Covered Party's Personal Representative agreed to receive this notice electronically. To obtain a paper copy of this Notice, contact Jamie Trailov at (630) 460-4663 or jamie@jtspeechchicago.com. You may also obtain a copy of this Notice at www.jtspeechchicago.com. A Covered Party or the Covered Party's Personal Representative may request a copy of this Notice at any time.

QUESTIONS OR COMPLAINTS: If a Covered Party or the Covered Party's Personal Representative believes the Covered Party's privacy rights have been violated, the Covered Party or the Covered Party's Personal Representative may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with us, please contact Jamie Trailov at (630) 460-4663 or jamie@jtspeechchicago.com. All complaints must be submitted in writing. Jamie Trailov Speech Pathology, P.C. will not retaliate against you for filing a complaint.

THE EFFECTIVE DATE OF THIS NOTICE IS: AUGUST 1, 2026