

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Communication Collaboration, LLC

Alexa Heon, MS, CCC-SLP

Email: alexaccspeech@gmail.com

Effective Date: 1/8/2026

ABOUT THIS NOTICE

This notice explains how your health information may be used and shared, and how you can access it. Please review it carefully.

OUR RESPONSIBILITIES

I am required by law to:

- Keep your protected health information (PHI) private
- Provide you with this Notice of Privacy Practices
- Follow the terms of this notice

PHI includes information related to speech-language evaluations, treatment, and progress.

HOW YOUR INFORMATION MAY BE USED OR SHARED

I may use or disclose your PHI without written authorization for the following purposes:

Treatment

To provide speech-language pathology services and coordinate care when needed.

Payment (Self-Pay Practice)

To collect payment for services you receive.

Health Care Operations

For scheduling, documentation, record keeping, and practice operations.

Legal and Safety Requirements

When required by law, including reporting abuse or neglect, responding to court orders, or preventing serious harm.

Communication

To contact you regarding appointments, reminders, and information related to your care (via phone, email, or text).

USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Your written authorization is required for:

- Uses or disclosures not listed above
- Marketing purposes
- Sale of PHI

You may revoke authorization in writing at any time.

YOUR RIGHTS

You have the right to:

- Access or request copies of your records
- Request corrections to your records
- Request limits on certain disclosures
- Request confidential communication methods
- Receive a paper or electronic copy of this notice

Written requests are required. Reasonable fees may apply for copies.

QUESTIONS OR COMPLAINTS

If you have questions or concerns about this notice, contact:

Alexa Heon, MS, CCC-SLP

Communication Collaboration, LLC

alexaccspeech@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for doing so.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 1/8/2026

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.