

NOTICE OF PRIVACY PRACTICES

Selah Therapy & NeuroRehab, PLLC
Doing Business As Selah Speech Therapy

Effective Date: October 21, 2026

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.

Selah Therapy & NeuroRehab, PLLC, doing business as Selah Speech Therapy ("Selah Speech Therapy"), is committed to protecting the privacy and security of your protected health information (PHI). This Notice explains your rights, our responsibilities, and how we may use and disclose your health information.

Your Rights

Get an electronic or paper copy of your medical record. You may ask to see or obtain a copy of health information we maintain about you. We will provide access as required by law and may charge a reasonable, cost-based fee when permitted.

Ask us to correct your medical record. If you believe health information we maintain about you is incorrect or incomplete, you may ask us to amend it. We may deny the request in certain circumstances, but we will explain the reason in writing when required.

Request confidential communications. You may ask us to contact you in a specific way, such as at a particular telephone number, email address, or mailing address. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We generally are not required to agree. If you pay in full out of pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or health care operations, unless disclosure is required by law.

Get a list of certain disclosures. You may request an accounting of certain disclosures of your health information made during the period permitted by law. Some disclosures, including many made for treatment, payment, or health care operations, are not included.

Get a copy of this Notice. You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you. If another person has legal authority to act as your personal representative, we will recognize that authority as required by law.

File a complaint. You may complain if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

In certain situations, you may tell us your preferences about how we share information. For example, when permitted by law, you may tell us whether we may share relevant information with family members, friends, caregivers, or others involved in your care or payment for your care. If you are unable to tell us your preference, we may share information when we determine that doing so is in your best interest and is permitted by law.

We will obtain your written authorization when HIPAA or other applicable law requires authorization, including for uses and disclosures not otherwise permitted by law. We will not sell your PHI or use it for marketing in a manner requiring authorization without first obtaining the required authorization.

How We May Use and Disclose Your Information

Treat you. We may use and share your health information with physicians, therapists, caregivers, and other health professionals involved in your care.

Run our practice. We may use and share your health information for health care operations, such as quality improvement, staff training, care coordination, compliance activities, and business administration.

Bill for services. We may use and share your health information to bill and obtain payment from health plans or other responsible parties and to determine coverage or benefits.

Help with public health and safety issues. We may disclose health information for activities permitted or required by law, such as preventing disease, reporting suspected abuse or neglect, addressing certain threats to health or safety, and complying with public health reporting requirements.

Comply with the law. We may disclose information when federal or state law requires it, including to agencies responsible for health oversight or privacy compliance.

Respond to legal and governmental requests. We may disclose health information for certain judicial or administrative proceedings, law enforcement purposes, workers' compensation matters, or other government functions when permitted or required by law.

Work with our business associates. We may share PHI with vendors or service providers that perform functions for us when permitted by law and when appropriate privacy and security protections are in place.

Sensitive Information and Additional Protections

Some categories of health information may receive additional protection under federal or state law. When a law provides greater privacy protection than HIPAA, we will follow the more protective requirement to the extent it applies to the information we maintain.

If Selah Speech Therapy receives or maintains records that are subject to the federal confidentiality requirements for substance use disorder patient records under 42 CFR Part 2, we will use and disclose those records only as permitted by applicable law. Part 2 records may have protections in addition to HIPAA, including restrictions on certain uses and disclosures in legal proceedings.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice currently in effect.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another law permits or requires the use or disclosure. If you give us written authorization, you may revoke it in writing as permitted by law.

Changes to This Notice

We may change the terms of this Notice and make the revised Notice effective for all health information we maintain, including information created or received before the revision. The current Notice will be available upon request, at our office, and on our website.

Questions or Complaints

Privacy Officer

Selah Therapy & NeuroRehab, PLLC d/b/a Selah Speech Therapy

Phone: 210-564-7286

Email: info@selahtherapyandneurorehab.com

Website: selahtherapyandneurorehab.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a complaint is available from HHS. Selah Speech Therapy will not retaliate against you for filing a privacy complaint.

Important: This Notice is the privacy notice itself. A separate acknowledgment may be used to document that you received or were given access to this Notice. Signing an acknowledgment does not waive your privacy rights or authorize uses or disclosures beyond those permitted by law.