

NOTICE OF PRIVACY PRACTICES

NEURAL

EJT Communication Consultant LLC

Effective Date: February 4, 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.

1. Introduction

NEURAL, operated by EJT Communication Consultant LLC, is committed to protecting the privacy of your personal health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or healthcare operations, and for other purposes permitted or required by law.

This notice applies to all records of your care maintained by NEURAL, whether created by practice personnel or your personal clinician. We are required by law to maintain the privacy of your PHI, provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

2. Key Definitions

Protected Health Information (PHI): Information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services.

Use: Activities within our practice involving your PHI, such as sharing, applying, utilizing, examining, or analyzing information.

Disclosure: Activities outside our practice involving release, transfer, providing access to, or divulging PHI to persons or organizations outside of NEURAL.

3. How We May Use and Disclose Your Protected Health Information

We may use and disclose your PHI for the following purposes:

3.1 Treatment

We may use your PHI to provide you with speech-language pathology services. We may disclose PHI to doctors, nurses, therapists, or other healthcare personnel involved in

your care. For example, we may share information with your physician about your progress in therapy, or consult with other specialists about your treatment plan.

3.2 Payment

We may use and disclose your PHI to bill and collect payment for services we provide. This may include providing information to your insurance company or health plan about services you received to determine coverage or payment. We may also provide your PHI to our business associates, such as billing companies or collection agencies.

3.3 Healthcare Operations

We may use and disclose your PHI for our healthcare operations, which include internal administration and planning, quality assessment and improvement activities, professional competence evaluation, and business management. For example, we may use PHI to evaluate the quality of services provided, or for training purposes.

3.4 Other Permitted Uses and Disclosures

We may use or disclose your PHI without your authorization in the following circumstances:

- **As Required by Law:** When required by federal, state, or local law
- **Public Health Activities:** To report disease, injury, vital events, or public health risks
- **Health Oversight Activities:** To authorized health oversight agencies for audits, investigations, or licensing
- **Judicial and Administrative Proceedings:** In response to court orders, subpoenas, or other lawful processes
- **Law Enforcement:** To law enforcement officials as required by law or in response to valid legal requests
- **Coroners and Medical Examiners:** For identification purposes or determining cause of death
- **Serious Threat to Health or Safety:** To prevent or lessen a serious and imminent threat to health or safety
- **Workers' Compensation:** As necessary to comply with workers' compensation laws
- **Research:** For research purposes when approved by an institutional review board with appropriate safeguards
- **Military and Veterans:** If you are in the Armed Forces, as required by military command authorities
- **National Security:** To authorized federal officials for intelligence and national security activities

4. Uses and Disclosures Requiring Your Authorization

Other uses and disclosures of your PHI not described in this notice will be made only with your written authorization. Specifically, we will obtain your authorization before using or disclosing:

- Psychotherapy notes (if applicable)
- PHI for marketing purposes
- PHI that constitutes a sale of PHI
- Most uses and disclosures of genetic information for underwriting purposes

You may revoke your authorization at any time by providing written notice to NEURAL, except to the extent that we have already taken action in reliance on your authorization.

5. Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your PHI:

5.1 Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI contained in your medical and billing records, as well as any other records used to make decisions about your care. To inspect or copy your PHI, submit a written request. We may charge a reasonable fee for copying and mailing your records. In limited circumstances, we may deny your request to inspect or copy your PHI. You may request a review of that denial by submitting a written request.

5.2 Right to Request Amendment

If you believe that your PHI is incorrect or incomplete, you may request that we amend it. Your request must be in writing and must explain why the information should be amended. We may deny your request if it is not in writing, does not include a reason for the amendment, or if the information is accurate and complete, was not created by us, or is not part of our records.

5.3 Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made by us during the six years prior to your request (or a shorter period if you request). The accounting will not include disclosures made for treatment, payment, or healthcare operations, disclosures made to you, disclosures made pursuant to your authorization, or certain other disclosures. To request an accounting, submit a written request specifying the time period.

5.4 Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request except in cases where you have paid for services out-of-pocket in full and you request that we not disclose PHI related solely to

those services to your health plan. To request restrictions, submit a written request describing the restriction and to whom it applies.

5.5 Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. For example, you may request that we contact you only at work or by mail. We will accommodate reasonable requests. You do not need to provide a reason for your request.

5.6 Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically. You may request a copy by contacting us directly.

5.7 Right to be Notified of a Breach

You have the right to be notified in the event of a breach of your unsecured PHI.

6. Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms of the notice currently in effect
- Notify you if we are unable to agree to a requested restriction
- Notify you following a breach of unsecured PHI

7. How We Protect Your Information

We maintain physical, technical, and administrative safeguards to protect your PHI:

- **Physical Safeguards:** Secure storage of paper records, locked filing cabinets, restricted access to facilities
- **Technical Safeguards:** Encrypted electronic records, password-protected systems, secure data transmission, HIPAA-compliant software
- **Administrative Safeguards:** Staff training on privacy practices, confidentiality agreements, regular security assessments
- **Business Associate Agreements:** Written agreements with third-party service providers requiring them to protect your PHI

8. Telehealth Privacy Considerations

When services are provided via telehealth, we use HIPAA-compliant video conferencing platforms that encrypt communications. However, you should be aware that:

- You are responsible for ensuring privacy on your end (private location, secure internet connection)
- No electronic communication is completely secure despite our safeguards
- You should not use public Wi-Fi networks for telehealth sessions
- You should ensure no unauthorized persons are present during your session

9. Minors and Personal Representatives

In most cases, parents or legal guardians have the right to access PHI about their minor children. However, state law may grant minors certain privacy rights regarding specific types of healthcare services. We will comply with applicable state and federal laws regarding minors' privacy rights.

Personal representatives (such as legal guardians or persons with power of attorney) may exercise your rights with respect to your PHI, subject to verification of their authority and applicable law.

10. Changes to This Notice

We reserve the right to change this notice and make the new notice apply to PHI we already have, as well as any PHI we create or receive in the future. We will post a copy of our current notice at our practice location and on our website (if applicable). The notice will contain the effective date on the first page.

11. Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

NEURAL Privacy Officer
EJT Communication Consultant LLC
[Insert Address]
Email: [Insert Email]
Phone: [Insert Phone]

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized or retaliated against for filing a complaint.

12. Contact Information

For questions about this Notice of Privacy Practices or to exercise your rights, please contact:

NEURAL

EJT Communication Consultant LLC

Privacy Officer: Erica J. Thomas, MS, CCC-SLP

[Insert Address]

Email: [Insert Email]

Phone: [Insert Phone]

ACKNOWLEDGMENT OF RECEIPT: I acknowledge that I have received a copy of NEURAL's Notice of Privacy Practices.

Client Name (Print): _____

Client Signature: _____

Date: _____