The Family Hearing Center
TLC
The Treatment and Learning Centers

2092 Gaither Road, Suite 100
Rockville, Maryland 20850
301.738.1415
Fax 301.424.8063
TTY 301.424.5203
www.ttlc.org

Thank you for choosing The Treatment and Learning Centers for an auditory processing evaluation. The Family Hearing Center provides services and product sales to both adults and children.

The evaluation will test your child's hearing to rule out a peripheral hearing loss. Auditory processing tests include speech discrimination, speech in noise ability, low redundancy speech, speech in competition, dichotic listening, temporal processing, and binaural hearing among other tests. It is very important that your child is rested prior to the testing, and that they have had breakfast or lunch depending on the time of the appointment. If your child takes medication, particularly for attention issues, it should be given on the day of the evaluation. It is also recommended that you send your child with a drink and snack to be provided during breaks, if needed.

The evaluation will take approximately three hours. You will receive a comprehensive summary report approximately three weeks after the final evaluation.

The enclosed packet of information needs to be filled out immediately and returned to our Director of Audiology at the above address. We cannot see your child without this pertinent information. Included in the paperwork is a parent and teacher questionnaire. This is important information needed for a diagnosis.

Because we allow a substantial amount of time for testing, if you need to cancel or reschedule, we ask that you contact us at least 48 hours prior to the appointment. If your child is ill on the day of testing, it is better to wait until they can give their best effort. Call as soon as possible if this occurs.

We look forward to meeting you and your child. If you have any questions after receiving this information, please contact us.

Thank you.

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TO OUR PATIENTS

The Family Hearing Center at TLC is a participating provider with several health plans, including standard Medicare. We must, according to our contracts with these plans, follow specific rules and regulations when treating plan members. If you are a plan member, you are also required to follow the procedures.

Currently, we are a participating provider with Medicare, United Healthcare, and CIGNA. If your plan is not listed, please assume that you will be responsible for payment at the time service is rendered. We are also non-participating but approved providers for Blue Cross/Blue Shield and Tricare Standard. There are also some plans within the insurance companies that we do not participate with. Please check with us before coming for your appointment regarding insurance to minimize any inconvenience to you.

When you arrive for your appointment, please present your insurance cards to the front-desk clerk and be prepared to fill out additional paperwork. If your insurance requires you to have a physician=s referral or prescription (such as with Medicare), please ask your physician for one prior to your visit. You may either bring it with you or have it faxed to our office. Our fax number is 301-424-8063. If your insurance requires you to have a co-pay, you will be asked for the co-pay at the time of your appointment.

If you have any questions, please call the Family Hearing Center's appointment secretary at 301-738-1415 and she will be happy to assist you.

We look forward to meeting you.

Revised: 6/09
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AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

LET'S TALK

...FOR PEOPLE WITH SPECIAL COMMUNICATION NEEDS

What are Auditory Processing Problems in Children?

By Diane Paul-Brown, PhD, CCC-SLP

"Okay, class, before you open your science book to page 95 for the next lesson, get out your homework from yesterday, and put it in the right hand corner of your desk for me to review; then we'll be ready to start."

Ron takes out his social studies book and stares into space.

Why didn't Ron follow the teacher's directions? Not listening? Distracted? Not paying attention? Poor conduct? Hearing loss? Any of these explanations is possible. Or maybe Ron hears the sound, but has a problem processing or understanding what is said to him—particularly when the language used is complex, spoken rapidly, or is lengthy, and when there's a lot to look at and lots of noise around him. The inability to understand spoken language in a meaningful way in the absence of what is commonly considered a hearing loss is called an auditory processing problem. Other terms that have been used interchangeably include: auditory comprehension deficit, central deafness, central auditory processing disorder, word deafness, and auditory perceptual processing dysfunction. Frank Musiek, audiologist and researcher in this area, has described auditory processing as, "How well the ear talks to the brain, and how well the brain understands what the ear tells it."

The inability to understand spoken language in a meaningful way in the absence of what is commonly considered a hearing loss is called an auditory processing problem.

Evaluation by both an audiologist and a speech-language pathologist provides important information about the child with auditory processing problems. An audiologist will evaluate a child's hearing acuity and identify possible auditory perception problems. This professional also will make recommendations about treatment strategies concerning improving the listening environment and monitoring any changes in hearing status. A speech-language pathologist can evaluate a child's perception of speech and his/her receptive (understanding) and expressive (production) language use. These professionals and a child's teacher and parents can work together to determine the scope of the problem and the most effective treatment techniques.

Two general treatment approaches have been used for auditory processing problems. One approach focuses on training certain auditory and listening skills such as auditory discrimination (e.g., telling the difference between *peas* and *bees*), localization of sound, sequencing sounds, or identifying a target sound in a noisy background.

If your child is a "poor" listener, frequently misunderstands speech, and has difficulty following directions, consult an audiologist or speech-language pathologist to determine if auditory processing problems exist.

Training these skills in isolation, however, may not help a child to understand complex language, such as a teacher's instructions. Therefore, another approach concentrates on teaching more functional language skills (e.g., vocabulary, grammar, conversational skills) and uses strategies (e.g., visual aids and repeating directions) to facilitate the processing of language.

Changes can also be encouraged at home and in the classroom to help a child with auditory processing problems.

Seating

Select seating for the child away from auditory and visual distractions to help focus and maintain attention. A seat close to the teacher and the blackboard and away from the window and the door may be helpful.

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LET's TALK

Setting

Reduce external visual and auditory distractions. A large display of posters or cluttered bulletin boards can be distracting. A study carrel in the room may help. Ear plugs may be useful for distracting noise from a heater or air conditioner, the pencil sharpener, or talking in the hallways. Check with an audiologist to find out if ear plugs are appropriate and which kind to use. Placing mats and cloth poster boards on classroom walls has been shown to decrease the reverberation of noise. A structured classroom setting may be more beneficial than an open classroom situation.

To improve the listening environment, an audiologist or speech-language pathologist may recommend the use of a device that transmits the teacher's voice directly to the student's ear while blocking out background noise. The audiologist or speech-language pathologist can provide recommendations on the potential benefit of available options based on the child's individual needs.

Speaking

- Gain the child's attention before giving directions.
- Speak slowly and clearly, but do not overexaggerate speech.
- Use simple, brief directions. Give directions in a logical, time-ordered sequence.
- Use words that make the sequence clear, such as first, next, finally.
- Use visual aids and write instructions to supplement spoken information.
- Emphasize key words when speaking or writing especially when presenting new information. Pre-instruction with emphasis on the main ideas to be presented also may be effective.
- Use gestures that will clarify information.
- Vary loudness to increase attention.
- Check comprehension by asking the child questions or asking for a brief summary after key ideas have been presented to be sure the child understands.
- Paraphrase instructions and information in shorter and simpler sentences rather than by only repeating.
- Encourage the child to ask questions for further clarification.
- Make instructional transitions clear.
- Review previously learned material.
- Recognize periods of fatigue and give breaks as necessary.
- Avoid showing frustration when the child misunderstands a message.
- Avoid asking the child to listen and write at the same time. For children with severe auditory processing problems, ask a friend to take notes, or ask the teacher to provide notes. Tape recording classes is another effective strategy.

Auditory processing problems can affect learning particularly in areas like spelling and reading. It is important to identify problems early and help the child acquire adaptive strategies to compensate. If your child is a "poor" listener, frequently misunderstands speech, and has difficulty following directions, consult an audiologist or speech-language pathologist to determine if auditory processing problems exist.

Diane Paul-Brown is ASHA's director of Clinical Issues in Speech-Language Pathology.

If you have concerns about your child's speech or language development, please contact an ASHA-certified speech-language pathologist. Go to ASHA's website at www.asha.org for information and referrals or call 800-638-8255.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

10801 Rockville Pike
Rockville, MD 20852
1-800-638-8255 (Voice or TTY)
Email: actioncenter@asha.org
Website: www.asha.org

Compliments of
American Speech-Language-Hearing Association
10801 Rockville Pike • Rockville MD • 20852 • 800-638-8255
and

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The Family Hearing Center
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Rockville, Maryland 20850

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a family of services where caring comes first

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POLICY
FUNDAMENTAL RIGHTS OF PERSONS/FAMILIES SERVED

TLC- The Treatment and Learning Centers recognizes the rights of persons served and their families. These rights will be in accordance with Federal and Maryland State Law: Health General Article 7-1002, Annotated Code of Maryland. These fundamental rights include, but are not limited to, the following while participating in programs at TLC:

1. The right to be treated with courtesy, respect, and full recognition of human dignity and individuality.

2. The right to receive treatment and services in the least restrictive environment that is available, adequate, appropriate, and in compliance with relevant laws, rules and regulations.

3. The right to be free from mental and physical abuse.

4. The right to be free from pharmacological intervention, except that a physician authorizes, in writing, for a clearly indicated medical need and made a permanent part of the individual's record.

5. The right to be free from physical restraints except for minimal restraints that are authorized in writing and made a permanent part of the record by a physician or qualified developmental disabilities professional, and which are clearly indicated for the protection of the individual with developmental disabilities or others.

6. The right to receive respect and privacy in an individually developed program.

7. The right to worship as the individual chooses.

8. The right to an accounting of any funds belonging to the individual that are held or otherwise administered by TLC.

9. The right to be informed of all of the most integrated setting service options licensed through the Developmental Disabilities Administration.

10. The rights to receive complete and current information concerning his/her diagnosis, treatment/program, and prognosis in language he/she can reasonably be expected to understand.

11. The right to know the cost(s) of care/services being provided.

12. The right to receive equal consideration and not be excluded from participation in, or be denied the benefits of, or otherwise be subjected to discrimination on he grounds of race, sex, color, religion, national origin, handicapping conditions, or sexual orientation.

13. The right to a formal review through the Grievance/Appeal process if it is felt that any of the above rights have been violated. Specific policies and procedures on the Grievance/Appeal Process and Behavioral Management are available upon request.

Revised 3/12/98, 6/1/00, 2/28/06, 3/8/06, 6/16
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NOTICE OF PRIVACY PRACTICES

TLC – The Treatment and Learning Centers, Inc.
2092 Gaither Road, Suite 100
Rockville, MD 20850
Privacy Officer: Director of Administrative Services
301-424-5200 ext. 147

Effective Date: September 23, 2013

Note: The Treatment and Learning Centers provides evaluative, therapeutic, medical and educational services to persons. For the purpose of this Notice of Privacy Practices, such services and descriptions about them shall be called Medical Information or Health Care.

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your Protected Health Information (PHI). We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other professionals and health care providers to provide quality care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

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A. How This Practice May Use or Disclose Your Health Information

This practice collects Protected Health Information (PHI) about you and stores it in a chart, on a computer and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

1. Treatment. We use medical information about you to provide your care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations. We may use and disclose medical information about you to operate this practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone, unless you notify us otherwise.

5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. Notification and Communication With Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

9. Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

10. Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

15. Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

18. Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

19. Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

20. Change of Ownership. In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

23. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

24. Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

B. When This Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

DHHS Office of Civil Rights – by email to OCRComplaint @ hhs.gov or via the OCR Complaint Portal on line at OCRMail@hhs.gov

The complaint form may be found at **www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**. You will not be penalized in any way for filing a complaint.

Copias de TLC – Notas de las Praticas privada estan disponible en Espanol y escritura grande como sea necessario. Por favor haga esta solicitud @ nuestra Personal Privada.