

Welcome to

Carlin Speech Pathology & Associates, Inc.

Confidentiality Statement

The documents in this brochure may contain protected health information. Persons other than you and your health care providers must have your permission to view this information. The authorized recipient of this information is prohibited from disclosing the information to anyone else. Keep all information you may have seen confidential.

Intake Packet Patient Handouts

for insurance, questions, or billing concerns. 281-363-2270

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Carlin Speech Pathology & Associates, Inc.

Intake Packet Patient Handouts

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HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: January 2024

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.

If you have any questions about this Notice, please contact:

Katherine Laney, COTA at **281-363-2270.**

WHO WILL FOLLOW THIS NOTICE?

- **Carlin Speech Pathology & Associates, Inc.**
- **Carlin Speech Pathology & Associates, Inc.** providers
- All **Carlin Speech Pathology & Associates, Inc.** employees

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care at **Carlin Speech Pathology & Associates, Inc.** a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third-party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose medical information about you. It also describes your rights and our obligations regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES

Carlin Speech Pathology & Associates, Inc. shall:

- Make every effort to maintain the privacy of your medical information;
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

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- **Carlin Speech Pathology & Associates, Inc.** will notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured PHI that presents a significant risk of financial, reputational or other harm to you, to the extent required by law. Unsecured PHI means PHI not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **For Treatment:** We will use and disclose your Medical Information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.

- **For Payment:** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.

- **For Health Care Operations:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run **Carlin Speech Pathology & Associates, Inc.** in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.

- **Appointment Reminders:** We may use and disclose medical information in order to remind you of an appointment. For example, **Carlin Speech Pathology & Associates, Inc.** may provide a written or telephone reminder that your next appointment with **Carlin Speech Pathology & Associates, Inc.** is coming up.

- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

- **As Required by Law:** We will disclose medical information about you when required to do so by federal or state laws or regulations.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

- **Sale of Practice:** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

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SPECIAL SITUATIONS

- **Organ and Tissue Donation:** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.

- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Qualified Personnel:** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.

- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

  - To prevent or control disease, injury, or disability;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

  All such disclosures will be made in accordance with the requirements of state and federal laws and regulations.

- **Health Oversight Activities:** We may disclose medical information to a health oversight Center for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

- **Lawsuits and Disputes:** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.

- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

  - In response to a court order or subpoena; or
  - If **Carlin Speech Pathology & Associates, Inc.** determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.

- **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.

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- **Inmates:** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.

- **Other Uses or Disclosures:** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

  To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for **Carlin Speech Pathology & Associates, Inc..** If you request a copy of the information, **Carlin Speech Pathology & Associates, Inc.** may charge a fee established by state law for the costs of copying, mailing, or summarizing your records.

  Carlin Speech Pathology & Associates, Inc. may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by **Carlin Speech Pathology & Associates, Inc.** will review your request and denial. The person conducting the review will not be the person who denied your request. **Carlin Speech Pathology & Associates, Inc.** will comply with the outcome of the review.

- **Right to Amend:** If you feel that medical information maintained about you is incorrect or incomplete, you may ask **Carlin Speech Pathology & Associates, Inc.** to amend the information. You have the right to request an amendment for as long as the information is kept by **Carlin Speech Pathology & Associates, Inc..**

  To request an amendment, your request must be made in writing and submitted to **Carlin Speech Pathology & Associates, Inc..** In addition, you must provide a reason that supports your request.

  Carlin Speech Pathology & Associates, Inc. may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, **Carlin Speech Pathology & Associates, Inc.** may deny your request if you ask us to amend information that:
  - Was not created by **Carlin Speech Pathology & Associates, Inc.** unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by **Carlin Speech Pathology & Associates, Inc.**;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations. To request this list you must submit your request in writing to _____ *(name and title).* Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12- month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. **Carlin Speech Pathology & Associates, Inc.** will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

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- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information **Carlin Speech Pathology & Associates, Inc.** uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information **Carlin Speech Pathology & Associates, Inc.** discloses about you to someone who is involved in your care or the payment for your care.

  Carlin Speech Pathology & Associates, Inc. is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which **Carlin Speech Pathology & Associates, Inc.** has been paid out of pocket in full. Should **Carlin Speech Pathology & Associates, Inc.** agree to your request, **Carlin Speech Pathology & Associates, Inc.** will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to **Carlin Speech Pathology & Associates, Inc..** In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit **Carlin Speech Pathology & Associates, Inc.** use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications:** You have the right to request that **Carlin Speech Pathology & Associates, Inc.** communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that **Carlin Speech Pathology & Associates, Inc.** contact you only at work or by mail.

  To request that **Carlin Speech Pathology & Associates, Inc.** communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. **Carlin Speech Pathology & Associates, Inc.** will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

I HEREBY CONFIRM THAT THE HIPAA POLICY HAS BEEN PROVIDED TO THE CLIENT/PARENT/GAURDIAN AT TIME OF THIS ADMISSION

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with **Carlin Speech Pathology & Associates, Inc.** or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with **Carlin Speech Pathology & Associates, Inc.** contact the Privacy Officer at **281-363-2270.** Your complaint must be filed within 180 days of when you knew or should have known that the act occurred.

The address for the Office of Civil Rights is:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

All complaints should be submitted in writing.

You will NOT be penalized for filing a complaint.

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Carlin Speech Pathology & Associates, Inc.

STATEMENT OF PATIENT BILL OF RIGHTS

In recognition of the responsibility of this facility in the rendering of patient care, these rights are affirmed in the policies and procedures of

Carlin Speech Pathology & Associates, Inc.

Service(s) without regard to race, color, age, sex, sexual orientation, religion, marital status, handicap, national origin or sponsor:
The patient's cultural, psychological, spiritual & personal values are respected.
Reasonable physical access to the Facility
Privacy appropriate to care
Considerate, respectful and dignified care
A secure environment for self and property
The opportunity to communicate effectively

Uncompromised care regardless of the presentation of complaints relating to the quality of previous care received in this Facility.

Strict confidential treatment of disclosures and records and to opportunity to approve or refuse the release of such information, except when required by law

The opportunity to obtain complete and current information from the patient's therapist concerning the diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on the patient's behalf.
To know, by name the doctor responsible for coordinating the patient's care.

The opportunity to participate in decisions involving the patient's health care, unless contraindicated by concerns for the patient's health.

Information necessary from the patient's doctor to give an informed consent prior to the start of any procedure and/or treatment including:
Significant medical risks involved
Probable duration of incapacitation
Information and alternatives for medical care or treatment
Consequences of not complying with therapy
Name of person responsible for procedures and/or treatment
Opportunity to refuse treatment to the extent permitted by law and information regarding the medical consequences of refusal or noncompliance with prescribed therapy

Patients have the right to expect a quick response to reports of pain.
Your reports of pain will be believed;
Information about pain and pain relief measures;
A concerned staff committed to pain prevention and management.
Health professionals who respond quickly to reports of pain; and
Effective pain management

By signature herein, I certify I have received a copy of the Patient Bill of Rights and was given the opportunity to ask questions regarding this notice with company Administrator or their designee.

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PATIENT RESPONSIBILITIES

PURPOSE

To inform the patients of their responsibilities as a participant in the total care process.

POLICY

All patients are responsible for:

1. Behavior that shows respect and consideration for other patients, family, visitors and personnel of the Center.

2. Patient is responsible for reporting all funding sources and current insurance information to the center to assure financial obligations for health care rendered are paid in a timely manner.

3. Accepting consequences of their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the doctor or their health care team member.

4. Providing the Center to the best of their knowledge with an accurate and complete medical history about present complaints, past illnesses, hospitalization, surgeries, and existence of advance directives, medications and other pertinent data.

5. Following the plan of treatment recommended by the doctor primarily responsible for the patient's care and/or other personnel authorized by the Center to so instruct patients.

6. Notifying the Center of any change in their condition or circumstances.

7. Keeping their appointment for scheduled services. If they anticipate a delay or must cancel the scheduled service, it is their responsibility to notify the Center as soon as possible.

8. The disposition of their valuables while at the Center is the responsibility of the patient or guardian.

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SICK POLICY CONSENT

It is the policy of the Agency that in the event the patient becomes ill, the Center will utilize the following guidelines for re-admitting patients into treatments as listed below.

Cancel appointment if one or more of these conditions are present:

- Oral temperature of 100.0 or Rectal temperature 100.4 degrees [or higher]
- Vomiting, nausea or severe abdominal pain
- Marked drowsiness or malaise
- Sore throat, acute cold, or persistent cough
- Red, inflamed, or discharging eyes
- Acute skin rashes or eruptions
- Swollen glands around jaws, ears & neck
- Suspected scabies or impetigo
- Any skin lesion in the weeping stage
- Earache
- Pediculosis (head lice)
- Diarrhea: runny, watery or bloody
- Other symptoms suggestive of acute illness

Return to Therapy Guidelines

- Fever free for 24 hours
- Symptom free of vomiting, nausea or severe abdominal pain
- Symptom free of marked drowsiness or malaise
- Symptom free of sore throat, acute cold, or persistent cough
- Treated pediculosis (head lice)
- Symptom free Diarrhea: runny, watery or bloody
- All health conditions listed above have been treated and resolved

I agree to reschedule my appointment or my child’s appointment after the illness has been treated and resolved.

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ADVANCE DIRECTIVES POLICY

POLICY

To adopt and enforce a written policy concerning advance directives.

PROCEDURE

1. The client will receive the advance directive information sheet and consent form at time of patient admission. The office staff will answer any questions the client may have regarding the information provider to ensure client understanding. (See attachment.)

2. If the client provides a copy of their Advanced Directive, it will be placed in the client's medical record and all relevant personnel will be notified.

3. **Carlin Speech Pathology & Associates, Inc.** provides therapy only services for their patients. We have staff who are certified in CPR and will perform CPR as necessary, call their physician and 911 if no Advanced Directive is provided by the client. We will not provide any other life sustaining measures, such as injections/medications and suctioning during aspiration.

4. If the patient has an out of hospital DNR and/or an Advanced Directive in place, we will withhold CPR or life sustaining measures. We will call the physician and 911 for transportation of the body unless the family/patient instructs us otherwise.

5. If the client is incompetent or otherwise incapacitated and unable to receive the notice, **Carlin Speech Pathology & Associates, Inc.** will provide the required written notice, in the following order of preference, to: the client's legal guardian, a person responsible for the health care decisions of the client, the client's spouse, the client's adult child, the client's parent, or the person admitting the client.

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ADVANCE DIRECTIVES AND DO NOT RESUSCITATE ORDERS

What is an advance directive?
An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (if you are in a coma, for example). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Advance directives usually tell your doctor that you don't want certain kinds of treatment. However, they can also say that you want a certain treatment no matter how ill you are.

Advance directives can take many forms. Laws about advance directives are different in each state. You should be aware of the laws in your state.

What is a living will?
A living will is one type of advance directive. It is a written, legal document that describes the kind of medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill. A living will does not let you select someone to make decisions for you.

What is a durable power of attorney for health care?
A durable power of attorney (DPA) for health care is another kind of advance directive. A DPA states whom you have chosen to make health care decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A DPA is generally more useful than a living will. But a DPA may not be a good choice if you don't have another person you trust to make these decisions for you.

Living wills and DPAs are legal in most states. Even if they aren't officially recognized by the law in your state, they can still guide your loved ones and doctor if you are unable to make decisions about your medical care. Ask your doctor, lawyer or state representative about the law in your state.

What is a do not resuscitate order?
A do not resuscitate (DNR) order is another kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form or tell your doctor that you don't want to be resuscitated. In this case, a DNR order is put in your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states.

Should I have an advance directive?
By creating an advance directive, you are making your preferences about medical care known before you're faced with a serious injury or illness. This will spare your loved ones the stress of making decisions about your care while you are sick. Any person 18 years of age or older can prepare an advance directive.
People who are seriously or terminally ill are more likely to have an advance directive. For example, someone with terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you might want to consider writing an advance directive. An accident or serious illness can happen suddenly, and if you already have a signed advance directive, your wishes are more likely to be followed.

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How can I write an advance directive?
You can write an advance directive in several ways:

- Use a form provided by your doctor.
- Write your wishes down by yourself.
- Call your health department or state department on aging to get a form.
- Call a lawyer.
- Use a computer software package for legal documents.

Advance directives and living wills do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. Remember, anything you write by yourself or with a computer software package should follow your state laws. You may also want to have what you have written reviewed by your doctor or a lawyer to make sure your directives are understood exactly as you intended. When you are satisfied with your directives, the orders should be notarized if possible, and copies should be given to your family and your doctor.

Can I change my advance directive?
You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and notarized according to the laws in your state. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor and any family or friends present exactly what you want to happen. Usually, wishes that are made in person will be followed in place of the ones made earlier in writing. Be sure your instructions are clearly understood by everyone you have told.

Other Organizations

- AARP Advance Directive Information
  http://www.aarp.org/research/legal/advancedirect/
  601 E Street NW
  Washington, DC 20049
  1-888-OUR-AARP
- U.S. Living Wills Registry
  http://www.uslivingwillregistry.com/individuals.shtm
  523 Westfield Ave., P.O. Box 2789
  Westfield, NJ 07091-2789
  1-800-LIV-WILL
  admin@uslivingwillregistry.com

Sources
http://familydoctor.org
American Academy of Family Physician

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State of Texas Emergency Assistance Registry (STEAR)

The State of Texas offers the option to register with the STEAR program, a free registry that provides local emergency management planners and responders with information related to your needs during an emergency.

Who Should Register?

- People with disabilities
- People who are medically fragile
- People with functional needs such as:
  - Limited mobility
  - Communication barriers
  - Require additional medical assistance during an emergency event
  - Require personal care assistance
- People who require transportation assistance

Register online at Stear.tdem.texas.gov

Call 2-1-1 or use your video phone relay option of choice

Registering in STEAR **DOES NOT** guarantee you will receive a specific service during emergencies.

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Consumer Information Notice
Aviso al Consumidor

Complaints regarding noncompliance with the Physical Therapy Practice Act, or regarding any licensee under the Act, should be directed to:

Reclamos relacionados con cualquier infraccion al cumplir la Ley de Practice de Terapia Fisica o relacionados con cualquier licenciado, deben dirigirse a:

Texas Board of Physical Therapy Examiners
1801 Congress Ave Ste 10.900
Austin, Texas 78701
(512) 305-6900
ptot.texas.gov

(800)821-3205 (Complaints only/quejas solamente)

For physical therapy services provided through telehealth, home visits, or other non-traditional modes, the licensee must provide this information to the client, parent or guardian for services to be rendered.

Consumer Information Notice
Aviso al Consumidor

Complaints regarding noncompliance with the Occupational Therapy Practice Act, or regarding any licensee under the Act, should be directed to:

Reclamos relacionados con cualquier infraccion al cumplir la Ley de Practice de Terapia Fisica o relacionados con cualquier licenciado, deben dirigirse a:

Texas Board of Occupational Therapy Examiners
1801 Congress Ave Ste 10.900
Austin, Texas 78701
(512) 305-6900
ptot.texas.gov
(800)821-3205 (Complaints only/quejas solamente)

Source Note: The provisions of this §337.2 adopted to be effective March 1, 1986, 11 TexReg 724; amended to be effective September 28, 1988, 13 TexReg 4576; amended to be effective February 18, 1992, 17 TexReg 940; amended to be effective May 8, 1996, 21 TexReg 3709; amended to be effective October 4, 2012, 37 TexReg 7751; amended to be effective March 1, 2021, 46 TexReg 909.

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SPEECH THERAPY COMPLAINT NOTICE ACKNOWLEDGEMENT

As required by the Texas Administrative Code for Speech-Language Pathology and Audiology, article §741.45 regarding Consumer Information and Display of License, we hereby provide you with the following information on how to file a consumer complaint:

A person who provides speech-language pathology and/or audiology services to clients must be licensed, unless exempted by State law.

A client who wishes to file a complaint against an individual licensed by the applicable State Board may:

1. Visit at: https://www.tdlr.texas.gov/complaints/
2. Fax to: (512) 539-5698
3. Write and mail to:

   TDLR (ENFORCEMENT DIVISION)
   P.O. BOX 12157
   AUSTIN, TX 78711-2157

4. Write and deliver or courier to:

   TDLR
   920 COLORADO ST
   AUSTIN, TX 78701-2332

Speech Therapy Consumer Complaint information given to patient/guardian.

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