

Notice of Privacy Practices



University of Connecticut
Speech and Hearing Clinic

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

POLICY:

We understand that information about your health and program is personal. We are committed to protecting health information about you. When you register as a client, we create a record of care and services you will receive from the Clinic. We use this record to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the information maintained by the Clinic about your services. Other providers of service may have different policies or notices regarding the information they maintain about your health.

Protected health information (PHI) is any information that describes your health condition or health care that you may have received. This notice explains the ways that we use and disclose the PHI that we create, collect or maintain. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

The law requires us to:

- Make sure that any of your PHI is kept private;
- Give you this notice of our legal duties and privacy policy practices with respect to your PHI; and
- Follow the terms of the notice that is currently in effect.

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HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

The following categories describe different ways that we use and disclose your PHI. For each category we will explain what we mean and give some examples. We will not list every use or disclosure in the examples. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

We May Use and Disclose Your Protected Health Information For:

- Treatment:** We may use your PHI to provide you with services. We may disclose information about you to clinical staff and students who work to provide you with services.

For example:
 - The staff may need to know that you are taking a certain medication or have a medical condition that may affect your program.
 - We may disclose your PHI to health providers who are involved in taking care of you. For instance, your doctor may need information about a hearing loss.
 - We may disclose your PHI to people such as family members or others who take part in your program.
- Payment:** We may use and disclose your PHI so the cost of the services you receive can be billed to health plans or to you.

For example:
 - We provide information to University Physicians so they can act as our billing agent.
- Health Care Operations:** We may use and disclose your PHI for Clinic operations. These uses and disclosures are necessary to operate the Clinic and improve the quality of services.

For example:
 - We may use your PHI to review our programs and services and to evaluate the performance of our staff or the performance of a contracted provider.
 - We may combine health information about many individuals to decide what changes in service might be needed.
 - We may also use combined information to evaluate how we are managing changes in resources or services.

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4. **Appointment Reminders:** We may use or disclose your PHI to remind you about appointments for services or treatments.

5. **Service Alternatives:** We may use or disclose your PHI to inform you about or recommend possible service or program alternatives that may be of interest to you.

6. **Individuals Involved in Your Support or Payment for Your Support:** We may disclose your PHI to a family member, friend, or staff member who is involved in your program. We may also give information to someone who helps pay for your program.

7. **Fundraising and Marketing:** We do not use PHI in fundraising or marketing activities.

8. **Research:** Under certain circumstances, we may use and disclose your PHI for research purposes.

For example, a research project may involve comparing the progress of all individuals involved in a certain type of treatment program compared to those in a different program.

All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information. Before we use or disclose health information for research, the project will have been approved through the University of Connecticut's research approval process. We will ask for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your support.

9. **Education:** Under certain circumstances, we may use and disclose your PHI for educational purposes.

Some of the services provided by the Clinic are delivered by graduate students in the University of Connecticut's program for Communication Disorders. These students work under the supervision of licensed Speech/Language Pathologists and Audiologists. These students have full access to an individual's medical history unless the individual has placed restrictions on that access.

University of Connecticut undergraduate students observe clinical activities in order to complete portions of program requirements. Clients may also request their treatments be excluded from observations.

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10. **As Required by Law:** We will disclose your PHI when required to do so by federal, state or local law.
11. **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
12. **Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
13. **Public Health Risk:** We may disclose your PHI for public health activities. These activities include the following:
- To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report abuse or neglect;
 - 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 a person has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
14. **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
15. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process. We will disclose the information only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
16. **Law Enforcement:** We may disclose health information if asked to do so by law enforcement officials:
- In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement;

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- About a death we believe may be the result of criminal conduct;
- About criminal conduct within one of our programs; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

17. **Coroners, Medical Examiners and Funeral Directors:** We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information about individuals to funeral directors, as necessary, to carry out their duties.

18. **National Security and Intelligence Activities:** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

19. **Protective Services for the President of the United States and Others:** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state; or to conduct special investigations.

20. **Inmates:** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

This disclosure would be necessary:

- (1) for the institution to provide you with health care
- (2) to protect your health and safety or the health and safety of others; or
- (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your services. Usually, this includes health and billing records but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Clinic Director. If you request a copy of the information, we will charge a fee of \$.45 per page for copying, plus the costs of mailing or other supplies associated with your request.

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We may deny your request to inspect and copy information, in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another person, chosen by the Clinic, will review your request and the denial. We will comply with the outcome of the review.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Clinic.

To request an amendment, your request must be made in writing and submitted to the Clinic Director. In addition, you must provide a reason that supports your request.

We 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, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Clinic;
- 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 the Clinic made of your PHI.

To request this list or accounting of disclosures, you must submit your request in writing to the Clinic Director. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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, we may charge you for the cost of providing the list. We 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.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or for the payment for your care.

For example, you could ask that we not use or disclose information about a surgery you had.

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We are not required to agree to your request. If we do agree, we 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 the Clinic. In your request, you must tell us:

- (1) What information you want to limit;
- (2) How you want the Clinic to limit use or disclosure of your PHI; and
- (3) To whom you want limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Clinic Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our web site:
www.speechlab.coms.uconn.edu/clinic.

To obtain a paper copy of this notice you can contact the Clinic Director.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain the effective date of the notice on the first page. In addition, each time you receive new services from us, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Secretary of the U.S. Department of Health and Human Services (HHS).

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For instructions on filing a complaint with the Clinic, contact the Clinic Director at 860-486-2629.

Complaints to HHS can be sent to:

Region 1, Office for Civil Rights
U.S. Department of Health and Human Services
Government Center, JF Kennedy Federal Building – Room 1875
Boston, MA 02203

Voice phone (617) 565-1340. FAX (617) 565-3809.

Further instructions on filing a complaint with HHS can be obtained through the web address www.hhs.gov/ocr/hipaa.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us written permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided you.

CONTACTS FOR FURTHER INFORMATION

If you have any questions about this notice please contact the Clinic Director.