

ASU SPEECH & HEARING CLINIC

NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations (TPO)

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations (TPO). Disclosures for these purposes may be made in writing, orally, or by electronic means.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include speech-language therapy, hearing tests, dispensing of hearing aids, etc.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example we may disclose Protected Health Information to your insurance carrier in order to receive payment for our services. We may disclose Protected Health Information in order to determine if you are eligible for specialized services, the range of services that can be provided, and to obtain prior approval, if needed, for those services.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. For example, the Clinic may use Protected Health Information in the training of students who are working in our clinics. We may use Protected Health Information to evaluate the quality of care that you receive from us, or to conduct cost-management and business planning activities. We may disclose Protected Health Information to a business associate who performs a function or activity on our behalf, such as a typing or collection service.
- **Other Uses and Disclosures** In addition, with authorization, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you.

Uses and Disclosures of Protected Health Information Permitted without Authorization or Opportunity for the Individual to Object

The federal policy rules allow us to use or disclose your protected health information without your authorization and without your having the opportunity to object to such use or disclosure in certain circumstances, including:

- **When Required by Law**—We will use and disclose Protected Health Information when we are required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- **Research**—We may use and disclose your Protected Health Information for research purposes when our institutional review board, the University Committee on Research Involving Human Subjects (UCRIHS), or privacy board has reviewed and approved the research proposal and established protocols to ensure privacy of your protected health information.
- **For Public Health Reasons**—We will use and disclose your protected health information for the following public health activities and purposes as required by law:
 - To prevent, control, or report disease, injury, or disability.
 - To report suspected child abuse or neglect.
 - To conduct public health surveillance, investigations, and interventions. To collect or report adverse events and product defects; enable product recalls, repairs, or replacements to FDA-regulated products or activities; and to track FDA-regulated products or conduct post-marketing surveillance.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
 - To report to an employer information about an individual who is a member of the workforce if there is a work-related injury or illness or to conduct an evaluation relating to medical surveillance of the workplace.

- **To Report Abuse, Neglect, or Domestic Violence**—We may notify government authorities if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure.
- **Health Oversight Activities**—We will disclose your Protected Health Information to a health oversight agency for activities authorized by law including audits; civil, administrative, or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight.
- **To Coroners, Medical Examiners, and Funeral Directors**—We may release your Protected Health Information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- **For Organ or Tissue Donation**—We may release Protected Health Information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
- **To Avert a Serious Threat to Health or Safety**—We may use and disclose your Protected Health Information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- **For Specialized Government Functions**—We may disclose your Protected Health Information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose your Protected Health Information to federal officials for intelligence and national security activities authorized by law. We may disclose Protected Health Information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Legal Proceedings**- We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process. **For Law Enforcement Purposes**—We may disclose your Protected Health Information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public.
- **For Workers' Compensation**—We may release your Protected Health Information for workers' compensation and similar programs.
- **Others Involved in Your Healthcare**- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **For Fundraising**- We may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by Arizona State University Speech and Hearing Clinic. We raise funds to expand and support clinic services, educational programs and humanitarian interests. You have the right to opt out of receiving fundraising communications, your choice to do so will not impact treatment or payment options.
- **Business Associates**-We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **For Data Breach Notification Purposes**- We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Other Than As Stated In The Previous Paragraphs, We Will Not Disclose Your Protected Health Information Without Your Written Authorization. You May Revoke Your Written Authorization At Anytime, Except To The Extent That Action Has Been Taken In Reliance On The Authorization.

Your Rights Under the Privacy Rule

You have certain rights in regards to your Protected Health Information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below.

- **The right** to authorize the use and disclosure of PHI for certain non-TPO purposes.**The Right** to be Notified upon a breach of any of your unsecured protected health information.**The right** to inspect and request a copy of your protected health information, to the extent allowed by law. You may inspect and obtain a copy of the protected health information that is contained in your designated record set for as long as we maintain the protected health information. The designated record set contains both medical records and billing records. A fee may be charged to cover the copying and postage costs incurred in complying with your request.
- **The right** to request confidential communication of your protected health information by an alternative means or at an alternative location. You may request that we communicate with you in certain ways and we will accommodate reasonable requests. We will not require you to provide an explanation for your request.

- **The right** to request a restriction on the use and disclosure of your protected health information for treatment, payment, or health care operations purposes. We are not required to agree to a restriction, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. We will notify you if we deny the request. If we do agree, your protected health information will not be used or disclosed in violation of the restriction unless it is needed to provide you with emergency treatment.
- **The right** to request amendments to your protected health information. This request must be in writing and you must provide a reason to support the requested amendment. In certain cases, we may deny your request. If we do, you have the right to file a statement of disagreement with us. If we prepare a rebuttal to your statement of disagreement, we will provide you with a copy.
- **The right** to receive an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures of your protected health information by the Clinic. We are not required to account for any disclosures for treatment, payment, or health care operations purposes; disclosures we make to you; disclosures based on your written authorization; disclosures we made prior to April 14, 2003; and certain other permitted disclosures. Your request for an accounting must be in writing and you are permitted one free accounting during any 12-month period but subsequent requests for an accounting will incur a fee.
- **The right** to restrict non-treatment disclosures to a health plan if they have paid for the service themselves.
- **The right** to obtain a paper copy of this Notice. You may ask for a copy of this Notice at any time.

Changes to This Notice We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revisions or amendments to this notice will be effective for all of the protected health information that we already have as well as any protected health information that we may create, receive, or maintain in the future. The Clinic will post a copy of our current Notice in prominent locations within our clinics and you may request a current Notice during any visit to our organization or by calling the Clinic at: 480-965-2373.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Arizona State University Privacy Officer or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

If you are interested in pursuing any of these rights, please discuss them with your clinician or contact:

Ingrid McBride, AuD, CCC-A
 Director of Audiology
 480-965-0614

Speech and Hearing Clinic
 Arizona State University
 P.O. Box 870102
 Tempe, AZ 85287-0102

For more information about HIPAA or to file a complaint:
 The U.S. Department of Health & Human Services
 Office of Civil Rights
 200 Independence Avenue, S.W.
 Washington, D.C. 20201
 877-696-6775 (toll-free)