

**Kent State University
Speech and Hearing Clinic
Notice of Privacy Practices**

Effective date: September 23, 2013

This notice is provided as required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OR CLIENT OF THIS CLINIC) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our commitment to your privacy:

Our Clinic is dedicated to maintaining the privacy of your individually identifiable health information (also called Protected Health Information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy Practices that we maintain in our Clinic concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Uses and disclosures of your PHI that require a separate authorization,
- Your privacy rights in your PHI, and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our Clinic. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our Clinic has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Clinic will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact:

**Dr. Lynne Rowan
Director of School of Health Sciences
330-672-2672**

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI. Our Clinic applies the minimum necessary principle when using or disclosing PHI. The minimum necessary principal requires that our Clinic use and/or disclose the minimum information needed to accomplish the intended purpose of the use, disclosure or request.

- 1. Treatment.** Our Clinic may use your PHI to treat you. For example, we may refer you to a health care provider outside of our Clinic for further evaluation and treatment and we may use the results to help us reach a diagnosis. We might use your PHI in order to purchase devices to be used in your treatment plan. Many of the people who work for our Clinic - including, but not limited to, faculty, staff and students - may use or disclose your PHI to other health care providers in order to treat you or to assist others in your treatment.
- 2. Payment.** Our Clinic may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health care operations.** Our Clinic may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our Clinic may use your PHI to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our Clinic. We may disclose your PHI to other health care providers and entities to assist in their health care operations as permitted by law.
- 4. Appointment reminders.** Our Clinic may use and disclose your PHI to contact you and remind you of an appointment by phone, U.S. mail, or email.
- 5. Family and Friends Involved in Your Care.** With your approval, our Clinic may from time to time disclose your PHI to designated friends, family, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and it is determined that a limited disclosure may be in your best interest, limited PHI may be shared with such individuals without your approval. If

you die, our Clinic may disclose limited, relevant PHI to individuals who were involved in your care or in payment of your care as permitted by law.

6. **Business Associates.** Certain aspects and components of our Clinic's services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times, it may be necessary to provide certain PHI to one or more of these outside persons or organizations that assist with the health care operations of our Clinic. In all cases, these business associates are required to appropriately safeguard the privacy of your information.
7. **Fundraising.** Our Clinic will not disclose your demographic information, dates of care provided, outcome and health insurance status to a business associate or related foundation for the purpose of raising funds for its own benefit.
8. **Research.** In limited circumstances, our Clinic may disclose your PHI for research purposes. For example, we may wish to compare outcomes of all patients or clients that received a particular treatment and will need to review a series of records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by the group which oversees the research or by representatives of the researchers that limit their use and disclosure of PHI.
9. **Disclosures required by law.** Our Clinic will use and disclose your PHI when we are required to do so by federal, state or local law.

D. The following uses and disclosures of PHI require authorization:

1. **Marketing.** Our Clinic will not use or disclose your PHI for marketing purposes, including informing you about non-health related products and services, without your authorization except if the communication is in the form of a face-to-face communication, telephone communications, communications promoting health in general that do not promote a product or service, and communication about government and government-sponsored programs.
2. **Sale of PHI.** Our Clinic will not sell your PHI.

E. Uses and disclosures of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public health risks.** Our Clinic may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse, neglect, or suspected child abuse or neglect

- Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
2. **Health oversight activities.** Our Clinic may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
 3. **Lawsuits and similar proceedings.** Our Clinic may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
 4. **Law enforcement.** We may release PHI if asked to do so by a law enforcement official regarding a crime victim in certain situations, if we are unable to obtain the person's agreement, for the following reasons:
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
 5. **Serious threats to health or safety.** Our Clinic may use and disclose your PHI 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.
 6. **Military.** Our Clinic may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities.

7. **National security.** Our Clinic may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our Clinic may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of 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.
9. **Workers' compensation.** Our Clinic may release your PHI for workers' compensation and similar programs.
10. **Coroners and/or Funeral Directors.** Our Clinic may use or disclose your PHI to coroners and/or funeral directors consistent with the law.

Our Clinic may release your PHI in accordance with any state laws that are more restrictive or limiting than federal privacy regulations. Ohio law requires that we obtain consent from you before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition.

F. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential communications.** You have the right to request that our Clinic communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Dr. Lynne Rowan, Director of the School of Health Sciences, A104 Center for the Performing Arts, Kent State University, Kent, OH, 44242 specifying the requested method of contact, or the location where you wish to be contacted. Our Clinic will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. You also have the right to restrict disclosures of PHI to your health plan when you intend to pay out of pocket, in full, for items or services. We are not required to agree to your request except where you pay out of pocket and the disclosure is to a health plan for payment or health care operations; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Dr. Lynne Rowan,

Director of the School of Health Sciences, A104 Center for the Performing Arts, Kent State University, Kent, OH 44242. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
 - Whether you are requesting to limit our Clinic's use, disclosure or both,
 - To whom you want the limits to apply.
3. **Access.** You have the right to inspect and obtain a copy of the PHI that our Clinic retains on your behalf. You must submit your request in writing to Dr. Lynne Rowan, Director of the School of Health Sciences, A104 Center for the Performing Arts, Kent State University, Kent, OH 44242, in order to inspect and/or obtain a copy of your PHI. Our Clinic must make PHI available in electronic format upon request and where available. You may request that copies of your PHI be sent to a third party. Our Clinic may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our Clinic may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our Clinic. To request an amendment, your request must be made in writing and submitted to Dr. Lynne Rowan, Director of the School of Health Sciences, A104 Center for the Performing Arts, Kent State University, Kent, OH 44242. You must provide us with a reason that supports your request for amendment. Our Clinic will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the Clinic; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our Clinic, unless the individual or entity that created the information is not available to amend the information. If a requested amendment or correction is made by our Clinic, notification may be made to others who work with us and have copies of the uncorrected record if such notification is necessary.
5. **Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our Clinic has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our Clinic is not required to be documented - for example, a faculty member sharing information with a student; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Dr. Lynne Rowan, Director of the School of Health Sciences, A104 Center for the Performing Arts, Kent State University, Kent, OH 44242. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our Clinic may charge you for

additional lists within the same 12-month period. Our Clinic will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

- 6. Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Dr. Lynne Rowan at 330-672-2672. This notice is available on our website at www.kent.edu/ehhs/spa.
- 7. Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services in Washington, D.C. in writing within one hundred and eighty (180) days of a violation of your rights. To file a complaint with our Clinic, contact Angela DeJulius, MD, 330-672-2322. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.
- 8. Right to provide an authorization for other uses and disclosures.** Our Clinic will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.
- 9. Right to notification of a breach of your PHI.** In the event a breach of an individual's unsecured PHI occurs, our Clinic will make every effort to notify the individual in accordance with the HIPAA Security Rule.

If you have any questions regarding this notice or our health information privacy policies, please contact Dr. Lynne Rowan at 330-672-2672. You will be asked to sign an acknowledgement form that you received the Notice of Privacy Practices.

A copy of this Notice of Privacy Practices will be made available upon request.