



9835 Manchester Road, 63119
314-968-4710

Notice of Privacy Practices

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ THIS NOTICE CAREFULLY.

Uses and Releases of Protected Health Information (PHI)

Center for Hearing & Speech believes in protecting the privacy of your health information. We may use or release your Protected Health Information (PHI) only for very specific reasons. **PHI is any information related to health that identifies an individual.** This information can be electronic or any other format. All types of disclosures are listed and explained below. Note: An example is not given for every use or release reason.

When releasing or using **PHI**, we will use the least amount of information necessary. If we need to use or release information in a way that is not generally described in this notice, we will contact you for your written permission before use or disclosure.

Types of Uses or Releases of Information

Treatment

We may use **PHI** about individuals to assist in providing treatment or services.

Treatment means the provision, coordination, or management of health care and related services by one or more providers, including the following activities:

- Coordinating health care or related services by a provider with a third party;
- Consultation between providers relating to a patient;
- The referral of a patient from one provider to another.

Payment

We may use and release your **PHI** so that your treatment and services may be billed and payment collected from an insurance company or a third party.

For example, claims for your health care may be processed through our contracted electronic claims payment services. Claims processors will use the health information on your claim to pay it on our behalf. Any service providers that we have contracted with are required to obey all laws and policies that apply to the privacy of your health information.

Health Care Operations

We may use or release **PHI** for health care operation. Examples of health care operation include things as:

- Contacting providers and clients with information about other forms of treatment;
- Case management and coordination of health care;
- Activities to analyze trends relating to improving health or reducing health care costs;
- Quality assurance activities (including audits by third parties);
- Utilization review, including review by independent organizations not connected with Center for Hearing & Speech, when the review is requested by the Client and/or provider.

We may use or release your **PHI** for these or other activities that fall under this definition: for example, in order to make certain that you are receiving the appropriate care, to evaluate our performance in caring for you and the services we provide,

or to contact you and remind you about an appointment. Occasionally, we will use your demographic information for the mailing of Newsletters or to contact you to seek private support for the Center for Hearing & Speech. If you wish that your information not be used for our mailings, please contact the Privacy Officer in writing.

The Center for Hearing & Speech may also use and disclose your protected health information (PHI) without your consent or authorization in the following circumstances:

- When required by law;
- When permitted for purposes of Public Health activities;
- When authorized by law to report information about abuse, neglect, or domestic violence to public health authorities, based upon reasonable belief;
- To a public health oversight agency for oversight activation authorized by law (for example: civil, administrative or criminal investigation, inspections, licensure or disciplinary actions, and other oversight of gift benefit programs);
- When required for law enforcement purposes;
- When required by a coroner, medical examiner, or funeral director to fulfill their duties;
- For research purposes;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat;
- When necessary to comply with workers compensation or similar programs.

The Center for Hearing & Speech may never have reason to make some of these disclosures; however, in the instances that we do, only the minimum amount of information necessary to accomplish the set goal will be used or disclosed. The “minimum necessary” policy does not apply when you request information, when information disclosure is required by law, or when you authorize the disclosure.

Health Oversight Activities

We may release **PHI** to a health oversight agency for activities authorized by law. These activities are necessary for the government to oversee the health care system, compliance of benefits programs, and compliance with civil rights laws. Disclosures may occur through audits, investigations, licensure or disciplinary actions or civil, administrative, or criminal proceedings. We will only release the minimum amount of information required by law.

Disclosures to Plan Sponsor

We may release **PHI** to the sponsor of your plan. The sponsor may include the part of your employer that is charged with handling benefits. However, we will release information only when we have the sponsor’s written assurances that it will be used properly under the guidelines in the HIPAA Privacy regulation (for example, not for employment purposes). We will only release the minimum amount of information needed.

Information Relating to the Treatment of Minors

Information relating to the treatment of minors will be kept private according to federal and state laws. Many states allow minors, after a certain age, to receive treatment and services without permission from their parents. Center for Hearing & Speech follows all applicable laws that apply to the confidentiality of treatment for minors.

Health Related Benefits or Services

In partnership with your health plan, we may use or release **PHI** for preventive treatment reasons. Our preventive programs meet nationally recognized quality and preventive health standards. For example, families that have a child with Attention Deficit Disorder (ADD) may be mailed a notice about services available to screen their children for ADD.

Lawsuits and Disputes

We may release **PHI** in response to a subpoena or court order. We may also release **PHI** in response to legal cases that directly involve your health plan or us. All other releases for lawsuits or investigations will be made only with your written permission.

Appointment Reminders

We may use or release **PHI** to remind you of upcoming appointments for treatment or medical care.

Treatment Alternatives

We may use or release **PHI** to let you know about other types of treatment that may be of interest to you. All such communications are handled in a manner that protects your privacy.

Release of Information to Family Members

In an emergency, or if you are not able to provide permission, we may release limited information about your general condition or location to someone who can make decisions on your behalf.

Release of Information to the Armed Forces

If you are or were previously a member of the armed forces, we will release your **PHI** to the armed forces as required by law. We may also release information as required by our contact with your armed forces health insurer. We will only release the minimum amount of information needed to carry out the purpose of the use or disclosure.

Release of Information to Workers Compensation or Similar Programs

We will not release **PHI** to workers compensation programs or other similar types of programs without your signed permission.

As Required or Permitted by Law for Public Safety

We will release **PHI** when required or permitted to do so by law for public safety. Disclosures may be made to protect you from a serious threat to your health or safety or to protect the health or safety of another person. Disclosures may also be made when requested by federal officials for national security or intelligence activities or for the protection of public officials. We will only release the minimum amount of information needed and will follow specific legal guidelines.

Government Security Clearances

We may release **PHI** when required by law for government security clearances. We will only release the minimum amount of information needed for the clearance.

Public Health Risks

We may release **PHI** when public health activities are at risk. This includes reporting child abuse or neglect, adult abuse, unfavorable events, or product defect reporting. We will only release the minimum amount of information required by public health authorities.

Inmates

If you are an inmate or are in the custody of law enforcement, we may release your **PHI** without your permission. We will only do this for your health care, for the health and safety of you or others, or the safety of, or further law enforcement on the property of the correctional facility.

Other Uses and Disclosures

Other uses and disclosures will be made only with your written permission. You are permitted to discontinue such permission at any time in writing. Requests to discontinue permission to release information will be honored except when we have already taken action based on your permission to use or disclose the information.

Rights Related to Protected Health Information

Right to Request Restrictions on Uses and Disclosures

You have a right to request limits on certain uses and releases of **PHI** for treatment or health care operations. We will consider each request, but we are not required to agree to any limits. If you would like to request limits to the uses and release of your **PHI**, you may contact the Center for Hearing & Speech.

Right to Receive Confidential Communications

You have a right to receive confidential notices relating to **PHI** by a type of notice other than US mail if sending this information by normal means could put you in danger. All requests for receiving notices in another way must be in writing and must state that the release of this information through the US mail could be a danger to you. All reasonable requests will be granted. We will not ask you for the reason why you are making this request. If you have a situation that requires that notices of your **PHI** be sent **in a different form**, you may contact us at the Center for Hearing & Speech.

You also have a right to receive confidential notices relating to **PHI** at a different address if sending this information to your address in our file could put you in danger. Requests for receiving notices at another address must state that the release of this information at the address in Center for Hearing & Speech records could be a danger to you. Reasonable requests will be granted. You must contact your health plan to make a request for such changes.

Right to Inspect and Copy Protected Health Information

You have a right to review and ask for a copy of your PHI that is part of our records. This right does not apply to Psychotherapy notes, information gathered to prepare for civil, criminal, or administrative actions or proceedings, or where law does not permit the release. For example, there are situations in which a licensed health care professional may determine that releasing the information could have an adverse effect on you or another person.

In such cases we will not release the information; however, we may be able to release some information in our records. We also will not release information, such as medical records that were created by your provider. If you want that type of information, please contact your provider directly. We may charge a reasonable cost-based fee to copy, process, and mail your information. We will respond to you no later than 30 days after we receive your request.

Right to Amend Protected Health Information

You have the right to request that we change the information that we have in our records if you believe that the information is incorrect or incomplete. We may deny this request if we determine that the records are complete and accurate or that we did not create the information you are requesting to change. We may also deny the request if the information is not part of our official records or access is otherwise restricted by law. You must make your request in writing and include the reason that you are requesting the change. All requests must be sent to the Center for Hearing & Speech. We will respond to your request no later than 60 days after receiving it.

Right to Receive an Accounting of Disclosures

You have a right to receive a listing of **PHI** disclosures that have been made **other than (i) those made for treatment, payment or health care operations, (ii) those made prior to April 14, 2003, (iii) those made with your written permission, and (iv) those made for law enforcement or national security purposes.** To request a list of releases, you must contact Center for Hearing & Speech. We will respond to your request within 60 days of receiving the request.

Right to Obtain a Paper Copy of this Notice

If you have received a copy of this notice electronically, you have the right to receive a paper copy. To request a paper copy of the notice, please contact the Center for Hearing & Speech.

Our Responsibilities under this Notice

The law requires us to maintain the privacy of **PHI**. The law also requires us to provide you with this notice of our legal duties and privacy with respect to your **PHI**. We are required to follow the terms of the privacy notice that is currently in effect.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain.

Should the terms of this notice change in any way that would also change your rights, we will send you a notice of this change within 60 days.

Questions and Comments

Your opinion about our services is very important to us. We also want to make sure that you fully understand your privacy rights. If you want more information about Protected Health Information (PHI), you can go to the Department of Health and Human Services Administrative Simplification website at www.aspe.hhs.gov/admsimp/. If you have questions or comments about this notice of your rights, you may contact the Center for Hearing & Speech.

Complaints

You may file a complaint with us if you feel that your privacy rights have been violated. All complaints must be submitted in writing. To file a complaint, write to:

Rita Tintera, Executive Director
Center for Hearing & Speech
9835 Manchester Road
St. Louis, MO 63119

You may also file a complaint to the US Secretary of Health and Human Services. The Center for Hearing & Speech is prohibited to retaliate as a result of a complaint.