



Notice of Privacy Practices Effective February 1, 2018

This document explains how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

INTRODUCTION

The UNH CSD clinical programs are committed to providing high quality speech-language and audiology services in a safe and private environment. When you register as a client, we create a record of care and services you receive from our clinic. This “protected health information” or PHI includes information that we have recorded or received about your past, present or future health or speech, language, hearing condition, the provision of speech-language or hearing services to you or the payment for these services that can be used to identify you. We provide you with this notice about our privacy practices to explain how, when and why we use and disclose your health information. In the event of a breach of the information held by the center, we will notify you if you are affected by such a breach.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use your health information within *UNH CSD clinical programs* and the Department of Communication Sciences and Disorders without your written authorization for the following reasons:

1. **Treatment:** We may use your health information to provide you with services. We may disclose information about you to clinical faculty, academic faculty, and students who provide you with speech-language-hearing evaluation and/or treatment.
2. **Payment:** We may use and disclose your health information to bill and collect payment for the services provided to you. We may tell your health plan about evaluation/treatment services that may require the plan’s prior approval.
3. **Health Care Operations:** We may use and disclose your health information to assess the quality of care we provide, to improve our services, to train our staff and students and to manage our business and services.
4. **Appointment reminders:** We may use and disclose your health information to remind you about appointments.
5. **Service alternatives.** We may use and disclose your health information to inform you about a recommended service or program alternatives that may be of interest or benefit to you.
6. **Research:** Certain limited uses and disclosures of your health information may occur for research purposes subject to approval by the university’s *Institutional Review Board (IRB)*.

We may be permitted or required to disclose your health information outside the *UNH CSD clinical programs* without your written authorization for the following purposes, any such disclosures will be limited to the minimum necessary information.

1. **As required by law.** We will disclose your health information when required to do so by federal, state or local law.
2. **To avert a serious threat to your health or safety or the health and safety of others.**
3. **For workers compensation purposes.** We may provide health information in order to comply with workers compensation laws.
4. **Health Oversight activities.** We will provide health information to a health oversight agency for activities authorized by law. These activities may include audits, investigations, inspections and licensure.
5. **Lawsuits and disputes.** For judicial or administrative proceedings in response to a valid court order, summons or subpoena to a hearing or warrant.
6. **For Public Health Risk.** For example we may disclose health information to prevent or control disease, injury or disability; 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.
7. **To coroners, medical examiners and funeral directors**
8. **To a correctional institution if you are an inmate**
9. **For specialized government functions such as national security or intelligence inquiries.**

All other situations require your written authorization before we may use or disclose your health information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to:

- Request, in writing, that we restrict or limit how we use or disclose your health information for treatment, payment or healthcare operations purposes, but we are not required to agree to your request (except as described later in the paragraph) and may not be able to comply with all requests. You may not limit the uses and disclosures that we are legally required or allowed to make. We will agree, upon your written request, to restrict disclosure of your health information to a health plan if (1) the disclosure would be for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (2) the health information relates only to a health care item or service for which you, or a person (other than the health plan), on your behalf, has paid the center in full.
- Request how we communicate health information maintained by the center and we will try to accommodate reasonable requests. For example, you may ask that we send information to you at an alternate address (for example, sending information to a campus address rather than a home address).
- Inspect and receive copies of your health information maintained by this center. The request must be made in writing and there may be a cost-based fee (copying, postage and supplies) associated with the copies provided. You may also request your information in electronic format, if it is maintained by the center in a way that permits electronic copying.
- Receive an accounting of the disclosures we have made of your health information, except for disclosures for treatment, payment, health care operations, disclosures you authorize and some required by law disclosures. You must make your request for an accounting in writing to the center and the request cannot cover dates after the date of the request, or for more than a 6 year period. We may charge you for the costs of providing the accounting.
- Request that we correct or amend your health information if you feel that the health information we have about you is incorrect or incomplete. Your request must be made in writing and submitted to the center director, providing a reason for your request. We will comply with your request unless we believe that the information that would be amended is correct and complete.
- You have the right to revoke in writing, any authorization you have previously given to us to use or disclose your information; but, we will not be able to take back information we have already disclosed.
- You have the right to get this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice by contacting the center's office.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and this Notice and to make the new practices effective for all your information including information we already have about you. Revised notices will be posted in our waiting room and offered to clients at the beginning of each clinic semester.

TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding privacy of your health information, you may contact the Clinic Director at:

Phone: (603) 862-2901
Fax: (603) 862-4511
Address: Hewitt Hall, 4 Library Way
Durham, NH 03824

All complaints will be investigated and you will not be penalized for filing a complaint.

In addition to contacting the Director of Clinical Programs listed above, you may also file a complaint with the federal government at:

Secretary of Health and Human Services
200 Independence Ave. SW
Washington, D.C., 20201

The link below is for the DHHS Office of Civil Rights where they have links for filing complaints.

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Please Note: These practices follow many of the privacy rules found in the federal Health Insurance Portability and Accountability Act of 1996 and its applicable regulations. UNH CSD clinical programs are not a covered entity under HIPAA and therefore is not legally bound by this specific legislation. We have chosen to adopt many of the privacy measures advocated under HIPAA as an extension of our commitment to protect the confidentiality of your health information. These practices should not be interpreted as creating contractual rights and we reserve the right to make changes in these practices at any time without prior notice.