

AUBURN UNIVERSITY SPEECH AND HEARING CLINIC

Health Information Portability and Accountability Act (HIPAA) Notice of Privacy Practices Form

This is a summary of the Notice of Privacy Practices for The Auburn University Speech and Hearing Clinic (AUSHC). This document describes how we may use and disclose your protected health information (PHI), and how you may access this information. This summary applies to the clinical programs of AUSHC including (but not limited to) audiology and speech-language pathology patients. These policies are effective as of October 7, 2014. **Please review this document carefully.**

The AUSHC serves as a training site for clinical students in speech-language pathology and audiology. Student training, in the areas of health care, learning under supervision to practice, or improve their skills as health care providers is defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.501, as a covered function of health care operations. Please be advised that incidental contact may occur through dual observation treatment rooms, student observation of therapy sessions, chart reviews for classroom learning, etc.

The Privacy Rule requires that we protect the privacy of health information that identifies patients, or when there is reasonable basis to believe, the information can be used to identify a patient. This Notice describes your rights as a patient and our obligations regarding the use and disclosure of PHI.

Uses and Disclosures for Treatment, Payment and Health Care Operations

The Auburn University Speech and Hearing Clinic (AUSHC) may use or disclose your personal health information (PHI) for treatment, payment and health care operations without your consent. To clarify this information please see definitions for some commonly used terms below:

- “PHI” refers to protected health information in your healthcare record that could identify you.
- “Treatment, payment and healthcare operations”
 - Treatment is when AUSHC provides, coordinates or manages your healthcare and/or other services related to your healthcare.
 - Example: We may consult and share PHI with another health care and/or educational provider in connection with your diagnosis and treatment, or if you are referred to another health care provider.
 - Payment is when AUSHC receives reimbursement for your healthcare.
 - Example: We may use or disclose PHI with another party to obtain reimbursement for your care, or to obtain information about eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of AUSHC.
 - Example: We may mail reminders, or leave phone messages asking you to return our call, or to remind you of an appointment.
 - Example: We may provide PHI to student clinicians as a part of their training and educational program.
 - Example: We may disclose PHI if you pose a danger to yourself and/or others.

- “Use” applies to activities that occur within the AUSHC such as sharing, employing, applying, utilizing, examining, and analyzing information that may identify you.
- “Disclosure” refers to activities that occur outside the AUSHC. These are things such as releasing, transferring or providing access to information to other parties about you.
 - We may disclose your PHI to you.
 - We may use or disclose your PHI in order to treat you, obtain payment for services rendered, or operate the AUSHC.
 - Other uses and disclosures may be made without your consent if the law requires us to release PHI.

The Federal Education Rights and Privacy Act (FERPA), state law, and professional ethics also protect the privacy of a student’s PHI. In order to provide quality and effective care, the AUSHC requires a student to consent to the AUSHC’s use and disclosure of the student’s PHI for those purposes permitted by HIPAA.

Uses and Disclosures Requiring Authorization

When the AUSHC is asked to disclose information for purposes other than treatment, payment or health care operations as they relate to our facility, the AUSHC will obtain written authorization from you before releasing PHI. This authorization will also be required prior to releasing your Clinical Record. To clarify please see the definition of authorization below:

- “Authorization” is written permission given by the patient or legal guardian above and beyond the general consent already allowed.

Patient Rights

- You may request a restriction regarding uses and disclosures of your PHI however, the AUSHC is not required to agree to your request.
- You may request a restriction of disclosure to a health plan where all services were paid out of pocket (by you) in full.
- You may request that any communication regarding your PHI remain confidential, or that the AUSHC contact you in a specific way (home phone, cell phone, email...).
- You may request to inspect your PHI.
- You may request a copy of your PHI.
- You may ask that your PHI be amended.
- You may ask for a copy of the AUSHC Notice of Privacy Practices in an alternative format (paper, electronic...)
- You may revoke your authorization in writing except to the extent that AUSHC has already acted upon it.
- You have the right to receive a record of accounting of disclosures of your PHI.

Our Responsibilities

- We are required by law to maintain the security and privacy of all PHI.
- We are required to provide all patients with our Notice of Privacy Practices.
- Though the AUSHC reserves the right to change the policies in this notice, we must alert all patients of changes made in writing, or adhere to the terms currently in effect.
- We will notify individuals affected by suspected security breach regarding PHI.

Questions or Concerns

Please address any questions or concerns you may have, or request a copy of the AUSHC Notice of Privacy Policy, by mail to the address below:

Auburn University Speech and Hearing Clinic
Department of Communication Disorders
1199 Haley Center
Auburn University, AL 36849

If you feel your rights have been violated you may file a complaint without fear of retaliation:

- a. You may file a complaint by contacting us in writing at AUSHC, Department of Communication Disorders, 1199 Haley Center, Auburn University, AL 36849
- b. You can file a complaint in writing with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 22201, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/