

### The Right to an Accounting of Disclosures

An accounting of disclosures is a list of the disclosures we made of identifiable health information that was not related to treatment, payment, or operations of the office as we have listed. To request this accounting of disclosures you must submit your request in writing to the privacy officer, stating a time period of not longer than six years, not including dates before February 2003. You are entitled to one accounting without charge. You may be charged for subsequent lists. You will be told the cost involved and may withdraw or modify your request at that time.

### The Right to Request Restrictions

You have the right to request a restriction or limit on the identifiable health information we use or disclose about you for treatment, payment, or office operations. You also have the right to request a limit on information we may disclose to someone involved in your care or the payment for your care.

**We are not required to agree to your request.** If we do agree, we will comply with your requests unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the privacy officer. In your request, you must tell us:

- What information you want to limit,
- Whether your limitations include use, disclosure, or both,
- To whom you want the limits to apply, for example, disclosures to a particular family member.

### The Right to Request Confidential Communications

You have the right to request that we communicate with you about your healthcare matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the privacy officer. It is not necessary for you to give a reason for your request. We will accommodate all reasonable requests. Your requests must specify how or where you wish to be contacted.

### Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office and have a copy of the current notice available upon request.

### **Complaints**

You have the right to file a complaint without being penalized. If you believe your privacy rights have been violated, you may file a complaint with the privacy officer.

Please submit your concerns in writing. All complaints will follow a practice review process and are taken very seriously. You also have the right to file a complaint regarding privacy violations to the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

### **Other Uses of Healthcare Information**

Other uses and disclosures of healthcare information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose identifiable health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the protected health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provide to you.

We welcome this opportunity to involve you in the operation of our office. We welcome your comments and will continue to work with you to provide the best possible care.

Beverly Gough, MA CCC  
The Center for Speech and Language  
1635 West Big Beaver Road  
Troy, MI 48084  
(248)816.7000

For further information about the Health Information Portability and Accountability Act (HIPAA):

Office for Civil Rights  
United States Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019

<http://www.hhs.gov/ocr/hipaa>

## **The Center for Speech and Language Privacy Notice to Our Patients (Please Review Carefully)**

This notice describes how any identifiable health information about you may be used and disclosed and how you can access your information. If you have any questions about this notice, please contact our privacy officer.

### **Our Commitment to You**

We understand that protected health information about you and your health is personal and confidential. We have always used, stored, and shared your information responsibly, and we will continue to do so. This notice is in response to a new federal law regarding health information and applies to all records generated or received by our practice. This notice will tell you about the ways we may use and disclose information about you. Our entire staff is committed to following the standards that are required by law to protect your privacy.

### We Are Required By Law

- To make sure that identifiable health information is kept private by following current privacy standards.
- To inform you though this notice of our legal duties and privacy practices with respect to your information.

### **How We May Use and Disclose Your Medical Information**

The following categories describe different ways that we use to disclose your identifiable health information. Although the descriptions below do not include all possible scenarios, each disclosure made regarding your identifiable health information will fall within one of these categories.

### For Treatment

We may use protected health information about you to provide you with treatment or services. We may disclose identifiable health information about you to others who are involved in your treatment.

### For Payment

We may use and disclose identifiable health information about you so that payment for the treatment and services you receive may be collected from you, your insurance company, or a third party. For example, we may need to provide your health plan with information about your treatment so they will reimburse you for service.

### For Health Care Operations

The law permits us to use and disclose identifiable health information for the purpose of operating our office. These uses and disclosures are necessary to run our office and make sure all clients receive quality care. The following are areas where we may use and disclose your information to operate this office:

- Clinical studies to improve our programs.
- Appointment reminders, by mail or phone.
- Sign-in sheets to identify that you are present for your appointment(s).
- Posted schedules, which may include your treatment.
- Information provided to you about treatment alternatives or health related benefits and services.
- Communications with individuals involved with your care or payment for your care.

### For Research Purposes

Under certain circumstances, we may use and disclose medical information about you for research purposes. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care in at our office.

### As Required By Law

We will disclose identifiable health information about you when required to do so by federal, state, or local law.

### To Avert a Serious Threat to Health and Safety

We may use and disclose identifiable health information about you when necessary to prevent a serious threat to your health and safety of others.

## **Special Situations**

### Military and Veterans

If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### Worker's Compensation

We may release identifiable health information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

### Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child or adult abuse, neglect, or exploitation.
- To report reactions to medications or problems with a product.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a client has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure when required by law, or if not required by law, if you agree.

### Health Oversight Activities

We may disclose identifiable health information to a health oversight agency for activities authorized by the law, for example, audits, investigations, and licensure.

### Lawsuits and Disputes

If you are involved in a lawsuit or dispute, we may disclose identifiable health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

### Law Enforcement

We may release protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct occurring at the Center.
- In emergency situations to report a crime; the location of a crime or victim(s); or the identity/description or location of the person who committed the crime.

### National Security and Intelligence Activities

We may disclose your identifiable health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

### Protective Services for the President and Others

We may disclose your protected health information to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

### Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health, for the safety of others, or for the safety and security of the correctional institution.

## **Your Rights Regarding Your Health Information**

You have the following rights regarding identifiable health information we maintain about you:

### The Right to Inspect and Copy

You have the right to inspect and copy identifiable health information that may be used to make decisions about your care. This usually includes medical and billing records. To inspect and copy your protected health information, you must submit your request in writing to the privacy officer. If you request a copy of this information, we may charge a fee for the costs of staff time and other supplies related to your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your protected health information, you may request that another licensed provider within the practice review your request. We will comply with the outcome of the second review.

### The Right to Amend

If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information is retained by our office. To request an amendment, your request with explanation **must be made in writing** and submitted to the privacy officer. We may deny your request if the information requested:

- Was not created by us, unless the person or entity that created the information is no longer available.
- Is not part of the information kept by or for our practice
- Is not part of the information which you would be permitted to inspect and copy
- Is accurate and complete.