

Effective: April 14, 2003

The University of Nebraska-Lincoln Barkley Speech-Language and Hearing Clinic Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

This Notice of Privacy Practices (“Notice”) describes the privacy practices of the University of Nebraska-Lincoln Barkley Speech-Language and Hearing Clinic and its staff and students for clients/patients receiving services at Barkley Speech-Language and Hearing Clinic.

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION

Each time you are registered at Barkley, a record is made. Typically, this record includes demographic data, your speech-language and/or hearing needs, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, known as your “medical record” or “health information” includes your medical and financial information. This information may be in written or electronic form. We use this information to

- Plan for and provide your treatment;
- Communicate with other health professionals who also care for you;
- Educate health professionals;
- Supply data for research;
- Provide information to public health officials to protect the public health;
- Develop facility planning and marketing strategies;
- Improve the care we provide;
- Obtain payment for our services; and
- Document your care.

You will want to understand what is included in your medical record and how your health information is used. Doing so will help you ensure its accuracy and help you make informed decisions about sharing your health information with others.

Your Health Information Rights

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

• **Right to Request Restrictions.** You have the right to ask us to limit how we use and disclose your health information for treatment, payment, or health care operations. You may also ask us to limit the information we provide to your family, other close relatives, close friends, or others you identify concerning your care, payment for your care, or how we notify them about your general condition. Your request must be in writing. In making your request, we will need to know what information you want us to limit, whether you want us to limit our uses or disclosures, or both, and to whom the limits should apply. We do not have to agree to your request.

• **Right to Access.** Except for certain types of records, you have the right to inspect and obtain a copy of your health information.

• **Right to Request Amendments.** You have the right to ask us to amend your health information if you think it is incorrect or incomplete. You must provide us a reason to support your request. We may deny your request if it is not in writing or if it does not include a supporting reason. We may also deny a request for amendment if the information was not created by Barkley Speech-Language and Hearing Clinic, is not part of the health information we keep, is not part of the health information you are allowed to inspect or copy, or is accurate and complete.

• **Right to Confidential Communications.** You have the right to request that we communicate with you about your health information confidentially using alternative means to do so or at alternative locations.

• **Right to Revoke Authorization.** You have the right to revoke an authorization you have given to us to use or disclose your health information. Such revocation will not affect any action we have taken in reliance on your authorization; and

• **Right to an Accounting.** You have the right to receive an accounting of certain disclosures made of your health information.

In addition to these rights, you have a right to receive a copy of the Barkley Speech-Language and Hearing Clinic’s Notice of Privacy Practices upon request. Your health information rights are subject to the requirements of the federal privacy regulations found at 45CFR subpart 164.

Our Responsibilities

Barkley Speech-Language and Hearing Clinic is required to:

- Protect the privacy of your health information according to the law’s requirements;
- Provide you with a current copy of its Notice of Privacy Practices; and
- Follow its Notice of Privacy Practices currently in effect.

HOW BARKLEY SPEECH-LANGUAGE AND HEARING CLINIC MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

- We may use or disclose your health information for **treatment purposes**.
For Example: Information obtained by a nurse, physician, therapist or other member of your health care team in caring for you will be documented in your record and used to determine your future treatments. We will provide other facilities or providers involved in your care with information that may assist in your treatment, including your physicians and other providers such as a care facility/provider. Copies of your medical record are provided to them to help them continue your plan of care.
- We may use or disclose your health information for **payment purposes**.
For Example: We will send a bill to you and/or your insurance company for the services we provide. The information may include your name, Social Security Number, diagnosis, procedures, and supplies used. We may also provide your health information to other health care providers such as medical supply agencies, or physicians for their billing purposes.
- We may use or disclose your health information for Barkley Speech-Language and Hearing Clinic's health care **operations**.

For Example: Staff may use information in your medical record to as your care. This information is used to improve the services we provide. We may also disclose your health information to our business associates who help us with our business operations, such as our attorneys, accountants, or software vendors.

“Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical services.

Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Family and Friends. We may disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

Required by Law. We will use and disclose your information as required by federal, State or local law.

Public Health Activities. We may disclose medical information about you for public health activities. These activities may include disclosures:

To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;

- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- 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.

Abuse, Neglect or Domestic Violence. We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, we will only make this disclosure if you agree.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement. We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries;
- 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 we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Research: Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

Workers' Compensation: We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, we may use your name to call you from a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.”

Other uses or disclosures of your health information that are not described in this Notice or are not otherwise allowed by law will be made only with your written authorization.

We reserve the right to change this Notice at any time. If we change this Notice we will apply it to the health information we already have about you and any additional information we may create or receive about you in the future. After a revised Notice becomes effective, it will be available upon request and will be posted at our facilities and our web site <http://www.unl.edu/barkley/spath/clinic/slh.html>. The revised Notice will also be available at patient registration.

“How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Contact Marilyn Scheffler, Clinic Coordinator, (402) 472-5492 at 253 Barkley Center, University of Nebraska-Lincoln, Lincoln, NE 68583-0731 for more information or to obtain request forms.”

For More Information or to Report a Concern

If you have a question about this Notice, and/or would like additional information about our privacy practices, you may contact Barkley Speech-Language and Hearing Clinic's Privacy Officer at 402-472-2071.

If you believe your privacy rights have been violated and/or not addressed by Barkley Speech-Language and Hearing Clinic, you have the right to file a complaint with Barkley Speech-Language and Hearing Clinic and with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Concerns or complaints may be sent in writing to Barkley Speech-Language and Hearing Clinic Compliance Officer at the following address:

Corporate Compliance Officer
Barkley Speech-Language and Hearing Clinic
253 Barkley Center
University of Nebraska-Lincoln
Lincoln, NE 68583

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