

Effective: October 10, 2006

Mercy College
Speech and Hearing Center

Notice of Privacy Practices

Protecting the privacy of your health information is very important to Mercy College. This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

If you have any questions about this notice, please contact the Dr. Gloria Schlisselberg, the Clinic Director, at (914) 674-7505.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the Mercy College Speech and Hearing Center and the Communication Disorders Department as well as that of:

- Any speech-language pathologist or audiologist authorized to enter information in your client folder.
- All graduate, undergraduate, and non-matriculated prerequisite students in communication disorders at Mercy College.
- Any observers with prior approval of the Director of the Speech and Hearing Center based on free and informed consent of client.
- All employees, staff, and other clinic personnel at the Mercy College Speech and Hearing Center.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that Protected Health Information (PHI) about you and your communication difference or disorder is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at The Mercy College Speech and Hearing Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated and held by the Center.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For treatment.** We may use PHI about you to provide you with treatment or services. We may disclose PHI about you to speech-language pathologists, audiologists, graduate, undergraduate, and non-matriculated prerequisite students, and to other clinic personnel who are involved in your care. For example, a speech-language pathologist treating you for a language disorder may need to communicate with an audiologist to know if you have a hearing loss because a hearing loss can affect language development. In addition, the speech-language pathologists need to communicate with graduate students who participate in your treatment. We also may disclose information about you to people outside the clinic who may be involved in your care, such as family members, teachers and others.
- **For payment.** We may use and disclose PHI about you so that treatment and services you receive at the Center can be billed and payment can be collected from you, an insurance company, or another third party. For example, we may need to disclose information about the hearing test you receive at the Center so your health plan will pay us. We also may tell your health plan about a treatment you are going to receive to determine whether your plan covers the treatment.
- **For health care operations.** We may use and disclose PHI about you for Center operations. These uses and disclosures are necessary to run the Center and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many clients to decide what additional Center services should be offered, what services are not needed, and whether new treatments are effective. We may disclose information to the professionals, staff, and students for review and learning purposes. We may combine the information with information from other clinical programs to compare the care and services we offer and to see where we can make improvements. We may remove information that identifies you from this set of PHI so others can use it to study health care and health care delivery without knowledge of who the specific clients are.
- **Appointment reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment at the Center. For example, a graduate student or clinical supervisor may telephone you prior to your appointment as a reminder. A message may be left on your answering machine.
- **Treatment alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- Health-related benefits and services. We may use or disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- Observation of services. The Center is an educational facility for Communication Disorders undergraduate, graduate, and/or nonmatriculated prerequisite students. We allow students to observe services (i.e., evaluations and therapy sessions). In addition, personnel from other agencies involved with your care may be allowed to observe services.
- Video and audio recording. During the course of evaluation and treatment, video and audio recordings may be used, from time to time, by students and faculty in the Communication Disorders Department for instructional purposes. Instructional uses may occur in regularly scheduled classes in Communication Disorders, special professional seminars, and continuing education programs. In most instances, we will get your signed permission to use these recordings.
- Disclosures for instructional purposes. As a teaching facility, we may disclose certain information in classes taught at the university and in other professional presentations. We may remove information that identifies you from this set of PHI so students and professionals may use it to study health care and health care delivery without learning who the specific clients are.
- Research. We may use and disclose PHI about you for research purposes provided approval is obtained from the Institutional Review Board (IRB) of Mercy College.
- As required by law. We will disclose PHI about you when required to do so by federal, state, or local law.
- To avert serious threat to health or safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety, and to the safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
- Workers' compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public health risks. We may disclose PHI about you for public health activities. These activities generally have the following purposes:
 - To prevent or control disease, injury or disability.
 - To report child abuse or neglect.
 - To report problems with products.
 - To notify people of recalls of products they may be using.
 - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.
- Health oversight activities. We may disclose PHI to an oversight agency for activities

authorized by law. These oversight activities include, for example, audits, investigations, inspections/site visits, and licensure. These activities are necessary for government programs, and compliance with civil rights laws.

- Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Collection agency. In the event that your account is long past due and that you have failed to return a letter of notification to the Center, your account with PHI may be assigned to a collection center for enforcement of collection.
- Law enforcement. We may release PHI 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 criminal conduct at the Center.
- National security and intelligence activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary
 - 1) for the institution to provide you with health care;
 - 2) to protect your health and safety or the health and safety of others; or
 - 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding the PHI we maintain about you.

- Right to inspect and copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Center office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Right to amend. If you think that PHI we have about you is incorrect or incomplete, you can ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Center.

To request an amendment, your request must be made in writing and submitted to the Clinic Director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition, we can deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not a part of the information kept by or for the Center;
 - is not a part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.
- Right to an accounting of disclosures. You have a right to request an ‘accounting of disclosures.’ This is a list of the unauthorized disclosures we made of PHI about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Clinic Director. Your request must state a time period, which may not be longer than six years and not for instances prior to April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request in a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to request restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, like a family member or friend. For example you could ask that we not use or disclose information about a procedure you had. *We are not required to agree with your request. If we do agree we will comply with your request unless the information is needed to provide you with emergency treatment.*

To request restrictions, you must make your request in writing to the Clinic Director. In your request, you must tell us

- 1) what information you want to limit;
- 2) whether you want to limit our use, disclosure, or both; and
- 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to request confidential communications. You have the right to request that we communicate with you about personal health matters in a certain way or at a certain location. For example, you can request that we contact you at home or by mail.
To request confidential communications, you must make your request in writing

to the Clinic Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a paper copy of this notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

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 PHI 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 Center. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you begin a new treatment at the Center, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint in writing with the Center or with the Secretary of the Department of Health and Human Services (HSS). To file a complaint with the Center, contact Dr. Gloria Schlisselberg, Center Director at (914) 674-7505 or Main Hall, Ground Floor, 555 Broadway, Dobbs Ferry, New York 10522.

OTHER USES OF PHI

Other uses and disclosures of PHI 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 PHI about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provide to you.