



Youngerman Center for Communication Disorders
Department of Communication Disorders and Sciences

W123 Thompson Hall, State University of New York at Fredonia
Fredonia, NY 14063 (716) 673-3203

NOTICE OF PRIVACY PRACTICES

I. 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.

We are legally required to protect the privacy health information that may reveal your identity. This information is commonly referred to as “protected health information,” or “PHI” for short. It includes information that can be used to identify you that we have created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice. A copy of our current notice will always be posted in the reception area. You will also be able to obtain your own copies by accessing our website at <http://www.fredonia.edu/departments/commdisorders/privacy.asp>, calling our office at (716) 673-3203 or asking for one at the time of your next visit.

With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the intended purpose of the use, disclosure, or request. We are legally required to follow the privacy practices that are described in this notice.

II. When we may use and disclose your health information with your consent

During your intake, prior to receiving any health care services, you will be asked to sign a one-time consent permitting the Youngerman Center’s employees and student clinicians to use and disclose your health information for the purposes of treatment, payment and health care operations.

A. Treatment, Payment and Youngerman Center Operating Practices

1. For Treatment: We share and use your PHI with clinical staff supervisors and student clinicians at the Youngerman Center who are involved in diagnosing and treating you. We may disclose your PHI to physicians, allied healthcare personnel, school personnel who have referred you to the Youngerman Center, are involved in your care and to coordinate your care. We may disclose your PHI to another healthcare provider to whom you have been referred for further care. We may disclose your PHI to manufacturers when we order a hearing aid for you. Sometimes we may ask for copies of your health information from another professional that you may have seen before us to diagnose or treat you. PHI may be exchanged via the mail or by fax.

2. For Payment: We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the healthcare services we provided to you. We may also provide your PHI to a business associate, such as a billing company or claims processing company that process our healthcare claims or provide services on our behalf. We use your PHI for payment purposes when, for example, our staff asks you about health insurance or about other sources of payment for our services, when we prepare bills to send to you or your health plan, when we process payment by credit card and when we try to collect unpaid amounts due. We may disclose your PHI outside of our office for payment purposes when, for example, bills or claims for payment are mailed or faxed to you or your health insurance, or when we occasionally have to ask a collections agency to help us with unpaid amounts due.

3. For Operating Practices: The Youngerman Center is a part of a professional training program at Fredonia and includes student clinicians and student observers. Student trainees have access to your PHI as they participate in the provision of evaluation and treatment services under the supervision of licensed clinical supervisors. The observation procedure de-identifies your PHI to student observers. Video or audiotapes of sessions may be recorded for confidential use for reasons such as, i.e., to analyze diagnostic test results, to rate your progress in treatment, to evaluate the student clinician's clinical skills, or to demonstrate evaluation and treatment strategies for teaching purposes.

We may use and disclose your PHI to send you a mailing with information about our practice or a new product. For example, your name and address may be used to send you a newsletter about our practice and the services we offer or to update you on a new type of hearing aid available.

We may disclose your PHI to business associates that provide a service for the Youngerman Center, i.e., a computer software vendor who installs and upgrades our billing program, an accreditation agency that audits our academic and clinical program. To the extent we are required to disclose your PHI to contractors, agents or other business associates, we will have a written contract to ensure that our business associate also protects the privacy of your PHI.

We may use your PHI when we contact you with a reminder that you have an appointment for a service at the Youngerman Center or to inform you that your hearing aid is available for pick-up. We will phone you at a number that you have provided, speak with the person who answers and leave a message or leave the message on an answering machine.

B. Other Use and Disclosures That Do Not Require Your Consent

We may use and disclose your PHI without your consent or authorization for the following reasons:

- 1. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence or when ordered in a judicial or administrative proceeding.
- 2. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
- 3. Lawsuits and Disputes.** We may disclose your PHI if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.
- 4. Law Enforcement.** We may disclose your PHI to law enforcement officials for any of the following reasons:
 - a) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
 - b) to identify or locate a suspect, fugitive, material witness, or missing person;
 - c) in response to a law enforcement official's request for information about a victim or a suspected victim of a crime;
 - d) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death;
 - e) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises;
 - f) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
- 5. Military and Veterans.** If you are in the Armed Forces, we may disclose your PHI to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- 6. Abuse or Neglect.** We may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic

violence. We will make every effort to obtain your permission before releasing this information, but in some cases, we may be required or authorized to act without your permission.

7. **Inmates and Correctional Institutions.** If you are an inmate or your are detained by a law enforcement officer, we may disclose your PHI to the prison officers or law enforcement officers if necessary to provide you with healthcare or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.
8. **For research purposes.** In most cases, we will ask you for written authorization before using your PHI for research purposes. However, in certain, limited circumstances, we may use and disclose your PHI without consent or authorization if we obtain approval through a special process to ensure that such research poses little risk to your privacy. In any case, we would never allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing for a future research project, so long as no personally identifiable information leaves our facility.
9. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
10. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
11. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other healthcare services or benefits we offer and/or provide.
12. **De-Identified Information.** We may also disclose your PHI if it has been de-identified or unable for anyone to connect back to you. This might occur if you are participating in a research project.
13. **Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during, or as an unavailable result of our otherwise permissible uses or disclosures of your health information.

C. One Use and Disclosure Requires You to Have the Opportunity to Object.

1. **Disclosures to family, friends or others.** We may provide your PHI to a family member, friend or other person that you indicated is involved in your care or the payment for your healthcare, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in section II A, B and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke the authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any actions relying on the authorization).

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it to the location and in the format you request.
- C. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will

charge you a fee for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the associated cost in advance.

- D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already been informed of, such as those made for treatment, payment or healthcare operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel or before April 14, 2003. Your request must state a time period for the disclosures you want us to include. We will respond within 30 days of receiving your request. The list we will give you will include disclosures made within the requested time period. The list will include the date of the disclosure, to whom PHI was disclosed and the reason for disclosure. We will provide the list to you at no charge, but if you make more than one request in the same calendar year, we will charge you for each additional request.
- E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that piece of information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI.
- If we approve your request, we will make the change to your PHI, inform you that we have done it and inform others that need to know about the change to your PHI.
- F. The Right to Get This Notice by E-Mail.** You have the right to get a copy of 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.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at:

US Department of HHS Government Center
John F. Kennedy Federal Building- Room 1875
Boston, Massachusetts 02203

Telephone number: 617-565-1340
Fax number: 617-565-3809
TDD: 617-565-1343

We will take no retaliatory action against you if you file a complaint about our privacy practices.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, any complaints about our privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us via email at Julie.Williams@fredonia.edu or by writing;

Julie L. Williams, Clinic Director/Privacy Officer
Youngerman Center for Communication Disorders
W123 Thompson Hall, State University of New York at Fredonia
Fredonia, New York 14063

VI. EFFECTIVE DATE OF THIS NOTICE

This notice is effective as of April 14, 2003; Reviewed 2017