Center for Language, Speech and Hearing
Notice of Privacy Practices

Effective Date: August 21, 2017
The Center for Language, Speech and Hearing’s Privacy Official can be reached by calling 413-545-2565 or emailing privacyofficer@comdis.umass.edu.

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.

In this Notice of Privacy Practices (“Notice”), the words “we” and “us” refer to the Center for Language, Speech, and Hearing, and the terms “information” or “health information” include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We are legally required to maintain the privacy of your health information. We are also required to provide you with a copy of this Notice, which describes how we may use and disclose health information about you and your rights and our obligations regarding the use and disclosure of that information. By law, we must abide by the terms of this Notice.

SUMMARY OF THIS NOTICE

Your Rights
You have the right to request:

- A copy of your paper or electronic medical record
- Corrections to your paper or electronic medical record
- Confidential communications by alternative means or locations
- That we limit certain uses and disclosures of your information
- A list of those with whom we’ve shared your information for certain purposes
- A copy of this Notice

You also have the right to file a complaint if you believe your privacy rights have been violated.

Your Choices
You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services (We never market or sell personal information.)
- Raise funds

Our Uses and Disclosures
We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Notify or respond to requests from friends and family involved in your care about your health, status or location
- Help with public health, safety and oversight issues
- Do research
- Comply with the law
- Address workers’ compensation, law enforcement, and other government requests and functions
- Assist with cadaveric organ, eye or tissue donations
- Assist coroners, medical examiners and funeral directors in their duties
- Respond to lawsuits and legal actions
- Our business associates who provide services to us

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. To exercise any of the rights described in this section, please submit a written request to our Privacy Officer listed on the first page of this Notice.

Get an electronic or paper copy of your medical record

- You have the right to see and get an electronic or paper copy of your medical record and certain other health information we have about you that is used to make decisions about your health or payment for your health care by submitting a written request to our Privacy Officer. You also have the right to designate another person to receive your health information after clearly identifying this person to us, and we will send your health information directly to that person. In some cases, you may also receive a summary of your health information.
- We will provide a copy or a summary of your medical record and certain other health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that a denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete by submitting a written request to our Privacy Officer and providing the reasons for the requested correction.
- We may say “no” to your request if it is not in writing or does not include a reason to support the request. We may also say “no” to your request for other reasons, including if you ask us to correct information that:
  o We did not create, under certain circumstances;
  o Is not part of the health information that we keep and use to make decisions about your care;
  o You would not be permitted to inspect and copy; or
  o Is accurate and complete.
- If we say “no” to your request, we’ll tell you why in writing usually within 60 days.

Request confidential communications

- You can ask us to contact you about medical matters in a specific way or at a specific location (for example, home or office phone or only by mail). We will not ask you the reason for your request. You must submit your request in writing to our Privacy Officer and your request must specify how or where you wish to be contacted.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. You can also ask us not to share certain health information with someone who is involved in your care or payment for your care, like a family member or friend. You must submit your request in writing to our Privacy Officer. We are not required to agree to your request, and we may say “no” particularly if it would affect your care. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of certain disclosures of your health information for the six years prior to the date you ask. This right does not include disclosures to you; disclosures authorized by you in writing; disclosures for treatment, payment, or health care operations; or certain other disclosures for which federal law does not require us to provide an accounting. To obtain a list of disclosures, you must submit a written request to our Privacy Officer. Your request must state a time period which may not begin more than six years before the date of your request.
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy Notice
- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

ADDITIONAL RIGHTS

Right to be Notified in Event of Breach
- You have a right to be notified if we, or our business associate, experience a breach that affects your unsecured health information. In such an event, we will provide notice of the breach of your health information in accordance with federal privacy laws.

Right to a Paper Copy of This Notice
- You have the right to a paper copy of this Notice. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact the Privacy Officer using the contact information on the front page of this Notice.

COMPLAINTS
- You can complain if you feel we have violated your rights by contacting us, in writing, using the information on page 1 of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights
- We will not retaliate against you for filing a complaint.

YOUR CHOICES
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases we never use or share your information unless you give us written permission:

- For certain marketing purposes, except in limited circumstances allowed by law.
• Disclosing your health information in exchange for payment or other benefit (i.e., sale of PHI), except in limited circumstances allowed by law.

In the case of fundraising:

• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other than the uses and disclosures described in this Notice below, we will not otherwise use or disclose your health information without your written Authorization.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

Required Uses and Disclosures

To You or Your Personal Representative
We may use or disclose your health information to you or someone who has the legal right to act for you (i.e., your personal representative) in order to administer your rights as described in this Notice.

Secretary of HHS
We may disclose your health information to the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with HIPAA.

Permitted Uses and Disclosures
Federal law allows us to use and disclose your health information for the purposes of treatment, payment, and health care operations without your authorization. We typically use or share your health information in the following ways.

Treat you
We may use your health information to provide or coordinate your health care and share it with other professionals who are treating you.

    Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We may use and share your health information to operate, manage and run our practice, improve your care, and contact you when necessary.

    Example: We use health information about you to perform quality assessment and improvement activities.

Bill for your service
We may use and share your health information to bill and get payment from health plans or other entities for health care or services provided to you.
Example: We give information about you to your health insurance plan so it will pay for your services (unless you have requested that we not bill your health plan as described in the Rights section above).

How else may we use or share your health information?

Federal law allows us to use and disclose your health information for the following purposes, without your authorization, subject to all applicable legal requirements and limitations:

Help with public health and safety issues

- We may use and share health information about you for certain public health activities, such as preventing disease or helping with product recalls.
- We also may use or share your health information with certain government authorities authorized by law to receive such information in cases of abuse, neglect, or domestic violence, if you agree or when required or authorized by law.
- We may use or disclose your health information if we believe in good faith that such a disclosure is necessary to prevent a serious threat to anyone’s health or safety or that of the public. This includes disclosing your health information to public health agencies or law enforcement.

Do research

We may use or share your information for research in limited circumstances without your authorization. The research must meet privacy law requirements, including obtaining approval through a special review process.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Address workers’ compensation, law enforcement, and other government requests

We may use or share health information about you:

- As authorized by or as required to comply with workers’ compensation laws or similar programs established by law that govern job-related injuries or illness.
- For law enforcement purposes or with a law enforcement official for law enforcement purposes, such as providing limited information to identify or locate a suspect or missing person, report a crime, or provide information about a crime victim.
- With government health oversight agencies for activities authorized by law (for example, audits, investigations, inspections and licensure).
- For special government functions such as military, national security, and presidential protective services as required by military authorities or authorized federal officials.
Respond to lawsuits and legal actions
We may share health information about you in response to a court or administrative order, search warrant, discovery request, or in response to a subpoena or other lawful process.

Friends and Family Members Involved in Your Care
We may disclose your health information to a person involved in your care or payment for your care, such as family member or friend, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unable or unavailable to object, we will use our best judgment to decide if the disclosure is in your best interests.

Business Associates
We may share your health information with our vendors (known as business associates) as part of a contracted agreement to perform services for the CLSH. Our business associates are required, under contract with us and by law, to protect the privacy of your health information and are not allowed to use or disclose any information other than as provided in our contract or as permitted by federal privacy laws.

Correctional Institutions
If you are an inmate or under the custody of a law enforcement official, we may disclose your health information to a correctional institution or law enforcement official whose custody you are in, in certain circumstances if necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Coroner, Medical Examiner, Funeral Director
We may use or disclose your health information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties regarding a deceased person, or as otherwise authorized by law.

Organ Procurement
We may disclose your health information to organizations that handle organ procurement or transplantation, or to an organ donation bank, in limited circumstances.

Limited Data Sets
We may use or disclose limited components of your health information in a “Limited Data Set” from which certain identifiers, like name and contact information, have been removed. We must enter into an agreement with the information’s recipient and the purpose of the use or disclosure must be limited to research, public health, or our health care operations.

Uses Requiring Your Authorization
We will not make any of the following uses or disclosures of your health information without first obtaining your authorization, except in limited situations permitted by federal law:

(1) making communications about products or services that encourage you or other recipients to purchase or use the products or services (i.e., marketing communications), or
(2) disclosing your health information in exchange for payment or other benefit (i.e., sale of PHI). In addition, except for the uses and disclosures described and limited as set forth in this Notice, we will not otherwise use or disclose your health information without your written authorization.

If you give us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described in this Notice unless you agree in writing. If you agree, you may change your mind at any time. Let us know in writing if you change your mind. If you change your mind, we will no longer use or disclose health information about you for the reasons covered by your authorization (i.e., agreement), but we cannot take back any uses and disclosures already made with your permission.

OTHER APPLICABLE LAWS

This Notice is provided to you as a requirement of HIPAA. There are other federal and state privacy laws that may apply and limit our ability to use and disclose your health information beyond what we are allowed to do under HIPAA. Below is a list of the categories of health information that are subject to these more restrictive laws and a summary of those laws. These laws have been taken into consideration in developing our policies of how we will use and disclose your health information. If a use or disclosure of health information described above in this Notice is prohibited or materially limited by another federal or state law that applies to us, it is our intent to meet the more stringent federal or state law requirements, including laws related to:

- **Alcohol and Drug Abuse.** We are allowed to use and disclose alcohol and drug abuse information without your permission only under certain limited circumstances, and/or disclose only to specific recipients.
- **HIV/AIDS.** Restrictions apply to the use and/or retention of HIV/AIDS information.
- **Mental Health.** We are allowed to use and disclose mental health information without your permission under certain limited circumstances, and/or disclose only to specific recipients.
- **Sexually Transmitted Diseases and Reproductive Health.** Restrictions apply to the use and/or retention of information concerning sexually transmitted diseases and reproductive health.
- **Abuse or Neglect.** Restrictions apply to the use and/or retention of information concerning abuse or neglect.
- **Genetic Information.** Restrictions apply to the use and/or disclosure of genetic information.

**CHANGES TO THIS NOTICE**

We can change the terms of this Notice, and the changes will apply to all information we have about you and all information we receive in the future. The new Notice will be available upon request, in our office, and on our web site. The Notice will contain an effective date at the top of the first page.

If you have any questions about this Notice, wish to file a complaint, or wish to exercise any of your rights described in this Notice, please contact our Privacy Officer at 413-545-2565 or emailing privacyofficer@comdis.umass.edu.