

**UNIVERSITY OF COLORADO
SPEECH LANGUAGE HEARING SCIENCES DEPARTMENT
SPEECH LANGUAGE HEARING CENTER**

**NOTICE OF PRIVACY PRACTICES
Effective: September 1, 2007**

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

This notice tells you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or that could be used to identify you. In this notice, we call all of that protected health information, "clinical information."

This notice also tells you about your rights and our duties with respect to clinical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Who Will Follow This Notice

This notice describes University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center practices and uses and disclosures of your clinical information at our service delivery sites.

The University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center include the campus located at 2501 Kittredge Loop, Boulder, Colorado in addition to all remote clinics and other areas of the State of Colorado served by these organizations.

The following are included as a part of these campuses:

- Any health care professional authorized to enter information into your clinic chart;
- All departments and units of The University of Colorado Speech Language Hearing Sciences Department and/or the Speech Language Hearing Center;
- Any member of a volunteer group The University of Colorado Speech Language Hearing Sciences Department and/or the Speech Language Hearing Center allows to help you while you are in the clinic;
- All employees, staff and other clinic personnel;
- All students in certified training programs; and
- All University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center faculty.

All of these entities, sites and locations will follow what is said in this notice. In addition, these entities, sites and locations may share clinical information with each other for your treatment, payment or our health care operations described in this notice.

Who Won't Follow This Notice

The following will not follow this notice. They have their own notice that you should request:

- Any other University of Colorado campus that is required to provide a notice.

Our Pledge Regarding Clinical Information

The University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center (SLHC) understand that clinical information about you and your health is personal. We are committed to protecting clinical information about you. We create a record of the care and services you receive at the Speech Language 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, whether made by SLHC personnel, research staff, clinical students, or faculty members.

This notice will tell you about the ways in which we may use and disclose clinical information about you. It will also describe your rights and obligations regarding the use and disclosure of clinical information.

We are required by law to:

- Make sure that clinical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to clinical information about you; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Clinical Information About You Without Your Prior Written Agreement

The following categories describe different ways that we use and disclose your clinical information. We will share clinical information about you with each other as necessary to carry out treatment, payment, or our health care operations. For each category we will explain what we mean and try to give an example. 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 into one of the categories.

- **For Treatment**

We may use clinical information about you to provide, coordinate or manage your care and related services by both us and other service providers. We may disclose clinical information about you to clinical students that become involved in your care. We may consult with other service providers within the Department or SLHC concerning you and, as part of the consultation, share your clinical information with them. Similarly, we may refer you to another health care provider and, as part of the referral, share clinical information about you with that provider. *For example*, a clinical student treating you for a voice disorder may need to consult with clinical faculty assigned to supervise your case for evidence-based practice. In addition, the clinical faculty may need to consult with other faculty not assigned to supervise your case to ensure the best treatment.

- **For Payment**

We may use and disclose clinical information about you so we can be paid for the services we provide to you. This can include billing you or someone else who pays for your care. *For example*, we may need to give your insurance company information about treatment we performed on you or a clinic visit you had so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your clinical condition and the health care you need to receive to determine if you are covered by that insurance program and see if the program will pay us for your treatment.

- **For Health Care Operations**

We may use and disclose clinical information about you for our own health care operations. These are necessary for us to operate The University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center and make sure that all of our clients receive good care. *For example*, we may use clinical information to review your treatment and our services and to evaluate the performance of our student clinicians caring for you. We may also combine clinical information about many SLHC clients into a report in order to decide what additional services the SLHC should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to clinical students, faculty and other SLHC personnel for review and learning purposes. Confidentiality will be maintained. No research will be conducted without the informed consent of all parties.

- **How We Will Contact You**

Unless you tell us otherwise in writing, we may contact you by telephone, email or by mail at either your home or your office. At either location, we may leave messages for you on the answering machine or voice mail. We will try not to leave messages with specific information about you. If you want to request

that we communicate with you in a certain way or at a certain location, let the person registering or treating you know so that you may be given a form to make this request.

- **Appointment Reminders**

We may use and disclose clinical information about you to contact you to remind you of an appointment you have with us.

- **Treatment Alternatives**

We may use and disclose clinical information 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 and disclose clinical information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising**

We may use information about you to contact you in an effort to raise money for The University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center and its operations. We may disclose this information to a business associate or the University of Colorado (CU) Foundation, an institutionally related foundation, so that it may contact you to raise money for The University of Colorado Speech Language Hearing Sciences Department and Speech Language Hearing Center. We will only release contact information, such as your name, address and phone number and the date you received treatment or services. No clinical information will be provided. If you do not want University of Colorado Hospital or the Foundation to contact you for fundraising efforts, you must notify the Office of Development in writing at P.O. Box 6508, Aurora, CO 80045-0508. Information on how to stop receiving fundraising material will be provided on all information sent to you from our organizations or business associates.

- **Individuals/Agencies Involved in Your Services or Payment for Your Services**

We will not release clinical information about you to a school, agency, hospital, medical facility, friend, relative, or family member or any other person or agency without your specific written consent.

- **Required by Law**

We may use or disclose clinical information about you when we are required to do so by federal, state or local law.

- **Public Health Activities**

- We may disclose clinical information about you for public health activities and purposes. This includes reporting clinical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. These reports may include:
 - To report reactions to or problems with products;
 - To notify people of recalls of products they may be using; 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.

- **Victims of Abuse, Neglect or Domestic Violence**

We may disclose clinical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement officer or other public official if he or she represents that immediate enforcement activity depends on the disclosure.

- **Health Oversight Activities**

We may disclose clinical information to a health oversight agency for activities authorized by law and/or agencies concerned with accreditation of our program. *For example*, the Council of Academic

Accreditation may complete a site visit and review records to make sure we are providing good care to our patients. These oversight activities include, for example, audits of the care we give, investigations, inspections, licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, our compliance with civil rights laws, accreditation agencies, and to make sure we are complying with various government regulations.

- **Judicial and Administrative Proceedings, Lawsuits and Disputes**

We may disclose clinical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. We also may disclose clinical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information from being disclosed.

- **Law Enforcement**

We may release clinical information if required to do so by a law enforcement official:

- In response to a court, grand jury or administrative order, a subpoena, a warrant, a summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities;
- 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; or,
- As required by law.

- **Research**

We will get your written permission prior to using or disclosing your clinical information for research. All research projects are subject to a special approval process. This process evaluates the needs of the proposed research project with your needs for privacy of your clinical information.

- **Other Uses and Disclosures**

Other uses and disclosures of clinical 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 clinical 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 clinical information 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 provided to you.

Your Rights With Respect to Clinical Information About You

You have the following rights with respect to clinical information that we maintain about you.

- **Right to Request Restrictions**

You have the right to request a restriction or limitation on the clinical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: a family member, other relative, a close personal friend or any other person identified by you.. You also have the right to request a limit on the clinical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

To request restrictions, you must make your request in writing to the Director of Clinical Education at 2501 Kittredge Loop, Boulder, CO 80309 or the Coordinator of the unit (Speech Language or Audiology) you are receiving services from. 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. A form is available for your use when requesting these restrictions. The person receiving the request will forward it to the appropriate personnel, who will notify you in writing of the outcome of your request.

- **Right to Receive Confidential Communications**

You have the right to request that we communicate clinical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the Director of Clinical Education at 2501 Kittredge Loop, Boulder, CO 80309 or the Coordinator of the unit (Speech Language or Audiology) you are receiving services from. Your request must state how or where you can be contacted. You will be notified if your request can be granted. We will attempt to accommodate all reasonable requests. However, we may, when appropriate, require information from you concerning how payment will be handled.

- **Right to Inspect and Copy**

You have the right to inspect and copy clinical information that may be used to make decisions about your care. Usually, this includes clinical and billing records, but does not include clinician notes.

To inspect or copy clinical information about you, you must submit your request in writing to the Director of Clinical Education at 2501 Kittredge Loop, Boulder, CO 80309. Your request should state specifically what clinical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy clinical information if the clinical information involved is:

- a. Clinician notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; or
- c. Information that is not part of the record set we use to make decisions about your care and treatment.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Request Amendments**

You have the right to ask us to amend clinical information about you if you feel the information we have about you is incorrect or incomplete. You have this right for so long as the clinical information is maintained by us.

To request an amendment of a record held by SLHC, you must submit your request in writing to Director of Clinical Education at 2501 Kittredge Loop, Boulder, CO 80309. or the Coordinator of the unit (Speech

Language or Audiology) you are receiving services from. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the clinical information by appending or otherwise providing a link to the amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may 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 part of the clinical information kept by us;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is felt to be accurate and complete as originally documented by the person who recorded the information.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the clinical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the clinical information involved.

You also will have the right to complain about our denial of your request.

- **Right to an Accounting of Disclosures**

You have the right to receive an accounting of disclosures of clinical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but will not include any disclosures made before April 14, 2003.

Certain types of disclosures will not be included in the accounting:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures of your clinical information made to you;
- Disclosures that you have authorized, in writing; and
- Disclosures made prior to April 14, 2003.

To request an accounting of disclosures made Director of Clinical Education at 2501 Kittredge Loop, Boulder, CO 80309. or the Coordinator of the unit (Speech Language or Audiology) you are receiving services from. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before September 1, 2007.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time. If you ask us to, we will also send you a copy of this notice electronically.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, <http://slhs.colorado.edu/index.php>

To obtain a paper copy of this notice, contact SLHC Administrative Assistant, 2501 Kittredge Loop, Boulder, CO 80309. Paper copies are also available in all areas where care is provided.

Our Right to Change Notice of Privacy Practices

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for clinical 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 the University of Colorado Speech Language Hearing facilities. The notice will contain the effective date on the first page. In addition, each time you register at or are admitted to or treated at one of our facilities you may request an updated copy of the current notice in effect. We will also post a current notice on our website.

Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. These complaints must be in writing and must be filed within 180 days of when you learn of or should have known about the violation. To complain to the Secretary of the Department of Health and Human Services contact: Region VIII, Office for Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street – Room 1185 FOB, Denver, CO 80294-3538. Fax: (303) 844-2025.

To file a complaint with us, contact the Director of Clinical Education, 2501 Kittredge Loop, Boulder, CO 80309. All complaints should be submitted in writing. To help us investigate your complaint, please include how to contact you.

You will not be retaliated against or penalized for filing a complaint. We will not take any action against you or change our treatment of you in any way.

Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices for University of Colorado Speech Language Hearing Center, please contact Director of Clinical Education, 2501 Kittredge Loop, Boulder, CO 80309