

HIPAA Notice of Privacy Practices

SPEECH CENTER OF SOUTHERN ARIZONA

**DIANE HANSEN, M.A., CCC-SLP
AND ASSOCIATES SPEECH LANGUAGE PATHOLOGISTS**

**OFFICE
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TUCSON, ARIZONA 85718
Phone: (520) 721-1544**

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 office is required by federal regulation, known as the HIPPA Privacy rule, to maintain the privacy of your health information and to provide you with the notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

This Notice of Privacy Practices describes how we may use and disclose of your protected health information (PHI) for purposes of treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is the information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other used required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party.

Examples of use of your health information for treatment purposes:

We would disclose your protected health information, as necessary, to a home health agency that provides care to you;

Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you;

A nurse or medical assistant obtains treatment information about you and records it in a health record;

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services.

Examples of use of your health information for payment purposes:

A bill sent to your health insurance company may include your protected health information that identifies your diagnosis, and the procedures and supplies uses;

Obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission;

Healthcare Operations: We may use or disclose as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. . We require our insurers and other business associates to protect the confidentiality of your health information.

Examples of use of your health information for healthcare operations:

We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.

We may also call your name in the waiting room when your physician is ready to see you.

We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law: Public Health Issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug

Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures; Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

Your Health Information Rights The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you. You have a right to:

Request that you be allowed to inspect and copy your protected health information – Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Request a restriction of your protected health information - This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

Request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

To have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

To receive an accounting of certain disclosures we have made, if any, of your protected health information.

If you want to exercise any of the above rights, please contact **Diane Hansen, MA, CCC-SLP**, in person or in writing, during normal business hours. Our Privacy Officer will provide you with assistance on the steps to take to exercise your rights.

Complaints: If you have questions, would like additional information, want to report a problem regarding handling of your information, or if you believe your privacy rights have been violated and wish to file a written complaint with our office, please contact **Diane Hansen, M.A. @ 721-4544**. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

We cannot, and will not, require you to waive your rights under the Privacy rule including the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services

Our Responsibilities

This office is required by law to:

Maintain the privacy of your health information as required by law;

Provide you with a notice as to our legal duties and privacy practices as to the information we collect and maintain about you;

Abide by the terms of this Notice;

Notify you if we cannot accommodate a requested restriction or request;

Accommodate your reasonable request regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our policy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

Original Effective Date: April 14, 2003