HIPAA Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out our services to you/your program consumer, and for other purposes that are permitted or required by law. “Protected health information” is information about you/your consumer, including demographic information, that may identify you/your consumer and that relates to you/your consumers past, present or future physical or mental health or condition and related health care services. Please read carefully.

Center Operations: We may use or disclose, as-needed, your protected health information in order to conduct our business activities at the Center. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to students from Southeast Missouri State University who work with consumers at the Center for Speech & Hearing. Business Associates – we will only disclose protected health information to business associates as indicated on individual Authorization to Exchange Information form (attached).

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; and Legal Proceedings.

Your Consumer Rights:
Following is a statement of your consumer rights with respect to your protected health information.

You have the right to request a restriction of your protected health information. This means you may request that any part of your PHI (protected health information) not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply, and must be submitted in written form.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI (protected health care information).

Complaints:
You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by this organization.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received the Notice of our Privacy Practices:

Print Name: ___________________________ Signature: ___________________________ Date: ___________________________

We reserve the right to change the terms of this notice and will inform you of any changes. You then have the right to object or withdraw as provided in this notice.