



## HIPAA Notice of Privacy Practices

University of Arizona  
Speech-Language & Hearing Clinics

Tucson, AZ

*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 required by law to provide you with this notice which explains our privacy practices with regard to your medical information and how we may use and disclose your protected health information (PHI) for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. We are required to follow the terms of the Notice currently in effect. You have certain rights regarding the privacy of your PHI and we describe them in this notice. If you need more information, you may call the clinic office at 520 621-7070.

### **Ways in Which We May Use and Disclose Your Protected Health Information:**

The following paragraphs describe different ways that we use and disclose your PHI. We have provided examples for each category, but these examples are not meant to be exhaustive.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to staff who are part of your treatment team or, as needed, to facilitate your care to other physicians and health care providers who may be involved in your care.

**Payment:** We will disclose your PHI to obtain payment for the health care services we provide you.

**Health Care Operation:** We will use and disclose your PHI to support the business activities of our clinic (e.g., scheduling). We may also use or disclose your PHI to assess our compliance with licensure and regulatory requirements or to review the quality, efficiency and cost of care.

**Appointment Reminders:** We will use and disclose your PHI to contact you to remind you about scheduled evaluations or treatment.

**Treatment Alternatives:** We will use and disclose your PHI to tell you about or recommend possible alternative treatments or options that may be of interest to you.

**Others Involved in Your Care:** We will use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your health care or payment for care.

**Research:** We will use and disclose your PHI for research purposes only in the following circumstances: 1) If you granted specific permission through an Authorization form. 2) For reviews preparatory for research or 3) If we receive appropriate documentation that an Institutional Review Board granted a waiver of the Authorization requirement.

**As Required or Permitted By Law:** We will use and disclose your PHI when required or permitted by federal, state or local law.

Examples of this would include:

- Government agencies and their contractors as part of regulatory reports, audits, encounter reports.
- In response to a court or administrative order, subpoena, or discovery request.
- Health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions
- Law enforcement purposes in the event of an emergency
- Coroners to permit identification or determine cause of death or with funeral directors to allow them to carry out their duties
- Secretary of the Department of Health and Human Services to investigate our HIPAA compliance efforts.
- There may be other situations when the law requires or permits us to share information.

**HIV Information:** All medical information regarding HIV status is kept confidential in accordance with Arizona state law. Unless otherwise required by law, disclosure of any medical information referencing HIV status may only be made with your specific written authorization. A general authorization for the release of such HIV information is not sufficient.

**To Avert a Serious Threat to Public Health or Safety:** We will use and disclose your PHI to a public health authority who is permitted to receive and collect information for the purpose of controlling disease, injury, disability, or national security. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Worker's Compensation:** We will use and disclose your PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**Abuse, Neglect & Domestic Violence:** We may disclose your health information to public authorities as required by the law to report abuse, neglect, or domestic violence.

**Revisions to This Notice:** We may revise this notice to reflect any changes in our privacy practices. We reserve the right to make the revised or changed notice effective for information we already have about you as well as for any information we receive in the future. You may request of copy of the current notice in effect from the Program Director and it will be posted on our website.

### **Your Health Information Rights**

#### **You have the right to:**

**A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request.

**Inspect and Copy:** You have the right to inspect and copy the PHI that we maintain about you in our designated record set as long as we maintain the information. These records include your medical and billing records, as well as any other records we use for making decisions about you. If you wish to inspect or copy your medical information, you must submit a request in writing to the clinic office. You may mail or hand-deliver the request. We will respond within 30 days to this request. We may charge you a fee for the cost of copying and/or mailing these records, or for any other supplies used in fulfilling your request.

**Request Amendment:** You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to your health care provider (i.e., Clinical Faculty who oversees your case) stating exactly what information is incomplete or inaccurate and your reasoning to support your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- We did not create the information, or the person who created it is no longer available to make the amendment;
- The information is not part of the record which you are permitted to inspect and copy;
- The information is not part of the designated record set kept by this practice;
- Or if it is the opinion of the health care provider that the information is accurate and complete.

**Request Restrictions:** You have the right to request a reasonable restriction or limitation on how we use or disclose your medical information for Treatment, Payment, or Health Care Operations (e.g., method of contact). However, your request must be made in writing and sent to the main clinic office.

We are not required to agree to your request. However, if we do agree, we will comply with the request unless that information is needed for emergency services.

**An Accounting of Disclosures:** You have the right to request a list of the disclosures made outside of our clinic that were not for treatment, payment, or health care operations or authorized by you. Your request must be made in writing and include the time-period (i.e., time interval) for the requested information. You may not request information for a period of time greater than six years after the date of your first service (our legal obligation to retain information).

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. Your preferences can be indicated on our "Preference for Contact" form at the time of admission and can be updated at any time. We will accommodate all reasonable requests.

**File a Complaint:** If you believe we have violated your privacy rights, you have the right to file a complaint. As a first step, we recommend that you discuss your concerns with your health care provider (i.e., the Clinical Faculty who oversees your case) or our department head Pelagie Beeson at (520) 621-1644.

You may also file a complaint with Andrew Mahler, University of Arizona Privacy Officer. He may be reached as follows: Phone: 626-5515 fax: (520) 621-3355 email: [amahler@email.arizona.edu](mailto:amahler@email.arizona.edu) or mail to Privacy Officer 1618 E Helen St. Tucson, Arizona 85719. Please provide as much detail as you can about the suspected violation. There will be no retaliation for filing a complaint. You may also file a complaint directly with the U.S. Department of Health and Human Services.

#### **Other Uses or Disclosures**

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose your PHI for the reasons stated in your written authorization. Disclosures made based on a previously received authorization (i.e., prior to the revocation) are not affected by the revocation.



*Clinic phone: 520 621-7070  
Fax: 520 621-9901*

*WWW.SLHS.ARIZONA.EDU*