

NOTICE OF PRIVACY PRACTICES

In 1996, the U.S. Congress passed the Health Insurance Portability and Accountability Act (HIPAA). Among others, the Act applies to health care providers and hospitals; it is intended to standardize health care information as well as ensure privacy and security of patient information. As a result of this act, the University of New Mexico Speech-Language-Hearing Center would like to advise you of how we will protect the privacy of your clinic record.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about the new federal laws or our practices regarding privacy, please talk to the healthcare staff in your clinic.

WHO WILL FOLLOW THIS NOTICE:

The University collects Protected Health Information (PHI) through interactions with your health care providers. It can be obtained through applications, interviews, surveys and other forms. PHI may be obtained in writing, in person, by telephone, and electronically. The information we collect varies depending on who collects it and why, but generally includes information about your relationship and transactions with the UNM Speech-Language-Hearing Center (UNMSLHC).

University Providers. If you receive health care services as a client of our clinic, this notice advises you that we may collect or create information such as your name, address, telephone number, social security number, date of birth, medical history, diagnosis, treatment, provider identification and treatment information, financial responsibility and payment information, and family and emergency contact information.

OUR PLEDGE REGARDING PHI:

We understand that PHI about you and your health is personal. The UNMSLHC is committed to protecting PHI about you. We create a record of the care and services you receive at UNMSLHC. We need this record to provide you with complete and comprehensive care and to comply with certain legal requirements. This Notice applies to all of the records your care generates at UNMSLHC.

This Notice tells you about the ways in which we may use and disclose PHI about you. It also describes your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of this Notice currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU:

The following categories describe different ways the law allows us to use and disclose PHI. Not every use or disclosure in a category will be listed. However, all of the categories in which we are permitted to use and disclose information will fall within one of these categories.

Permitted Use or Disclosure without your Authorization:

For Treatment. We may use Protected Health Information (PHI) about you to provide you with treatment or services. We may disclose PHI about you to doctors, faculty, staff, technicians, students, or other University of New Mexico personnel. We also may disclose PHI about you to providers outside the University of New Mexico such as referring physicians and home health care nurses in connection with your health care treatment.

For Payment. We may use and disclose PHI about you to your insurance plan, or other parties who help pay for your care. For example, we may tell your health plan about a treatment you are going to receive to determine whether your plan will pay for that treatment.

For Health Care Operations. We may use and disclose PHI about you for University of New Mexico operations. These uses and disclosures are necessary to run University of New Mexico Speech-Language-Hearing Center and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose PHI to faculty and students, and other health care personnel for teaching purposes.

More Restrictive State and Federal Laws. The State law of New Mexico is sometimes more restrictive than the Health Insurance Portability and Accountability Act (HIPAA) in several areas. State law is more restrictive when the patient may be entitled to greater access to records than under HIPAA and when under state law the records are more protected from disclosure than under HIPAA. Certain federal laws also are more stringent than HIPAA. The University will continue to abide by whichever law is more restrictive. The federal laws include applicable Internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment. State law covers genetic and HIV testing, and disclosure consents for those areas remain in place.

Business Associates. There may be some activities provided for our organization through contracts with outside businesses. Examples include transcription services and collection agencies. Under such contracts, we may disclose your health information to these businesses to perform the job we have asked them to do. These contracts also require businesses to protect the health information we disclose to them.

Appointment Reminders. We may contact you to remind you about your appointment for speech-language-hearing care.

Treatment Alternatives. We may use and disclose PHI to tell you about possible treatment options or alternatives that may be of interest to you as well as other health related benefits and services.

Permitted Use or Disclosure with an Opportunity for You to Agree or Object

Individuals Involved in Your Care. We may disclose PHI about you to a friend or family member whom you have appointed or who qualifies to be your decision maker according to New Mexico law. We may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and condition. If you are not present or able to object, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Research. As an academic department, we may use and disclose PHI about you for research purposes. We will only use and disclose your information for a research project if we obtain your permission, or if the need to obtain your permission has been waived by a designated review committee that meets Federal requirements.

Fundraising Activities. We may use information about you to contact you in an effort to raise funds for University of New Mexico Speech-Language-Hearing Center and its operations. We may disclose information about you to a foundation related to University of New Mexico Speech-Language-Hearing Center so that the foundation may contact you in raising funds, including, for example, mailing you invitations to fundraising events, mailing you annual financial reports, and other types of mailings related to fundraising activities. We will only disclose contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not wish to be contacted for University of New Mexico Speech-Language-Hearing Center fundraising purposes please send written notice to the Chair of the Department of Speech and Hearing Sciences, MSC11 6100, 1 University of New Mexico, Albuquerque, NM, 87131.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Disclosure will only be to persons who could help prevent the threat.

Use or Disclosure Permitted by Public Policy or Law without your Authorization:

Military. If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

Workers Compensation. We may disclose PHI about you for workers' compensation or similar programs to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. As required by law, we may disclose PHI about you for public health activities. For example, we may undertake these activities:

- to prevent or control disease, injury or disability;

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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; and
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure subject to certain requirements when mandated or authorized by law.

Health Oversight Activities and Registries. We may disclose PHI to a health oversight agency for activities authorized by law and to patient registries for conditions such as tumor, trauma and burn. These oversight activities include, for example, audits, investigations, inspections and licensure surveys. These activities are necessary for the government to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights laws, and to improve patient care.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose PHI if asked to do so by a law enforcement official:

- for the reporting of certain types of wounds;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a death we believe may be the result of criminal conduct;
- about suspected criminal conduct on the premises; and
- 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.

Coroners, Medical Examiners and Funeral Directors. We may disclose PHI to a coroner or New Mexico Office of the Medical Investigator (OMI). This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security. We may disclose PHI about you to authorized federal officials for purposes of national security.

YOUR RIGHTS REGARDING PHI ABOUT YOU:

You have the following rights regarding PHI we maintain about you:

Right to Access, Inspect and Copy. You have the right to inspect and have copied PHI used to make decisions about your care. Usually, this includes medical and billing records, but does not include some records such as psychotherapy notes.

To inspect and have copied PHI used to make decisions about you, you must submit your request in writing to the Department of Speech and Hearing Sciences at (505) 277-4453. There will be a fee associated with processing your request.

If you provide authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of the care that we provided to you.

Under very limited circumstances, your request may be denied, for example: if you are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates.

You may request that a denial be reviewed by contacting the UNMSLHC Clinic Director.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. If we do not agree to your request, we must tell you why. You have the right to request an amendment of your record for as long as the information is kept by or for the UNMSLHC.

To request an amendment to your record, your request must be made in writing and submitted to the UNMSLHC Clinic Director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment to your record if your request is not in writing or does not include a reason to support the request. We also 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 records used to make decisions about you;
- is not part of the information which you are permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to receive a list of the disclosures of your PHI. This list may not include all disclosures made. For example, we are not required to tell you we made disclosures for treatment, payment, or diagnostic disclosures made prior to April 14, 2003, or disclosures you specifically authorized. To request this list, you must submit your request in writing on the authorized form to the UNMSLHC Clinic Director.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or diagnostic operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or in 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 emergency treatment.

To request restrictions, you must make your request in writing on a form that will be provided to you upon request from the UNMSLHC Clinic Director. You must state: (1) the information you want to limit; (2) whether you want to limit UNMSLHC's use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. You must make your request in writing on a form that will be provided to you upon request. We will accommodate all reasonable requests. To obtain this form, contact the Speech and Hearing Sciences Department at (505) 277-4453.

Right to a Paper Copy of this Notice. You may ask for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this notice.

REVISIONS TO THIS NOTICE

The UNMSLHC may revise this Notice periodically to reflect changes in our privacy practices. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as for any information we receive in the future. We will post a copy of the current Notice in the locations where you receive services. The effective date is found in the top right corner of this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint to one or both of the following departments:

UNMHSC Privacy Officer
2211 Lomas Blvd., NE
Albuquerque, NM 87106
Phone: (505) 272-2121
Fax: (505) 272-1827
TDD: (505) 272-2111

Or

Ralph Rouse, Regional Manager (Region VI – New Mexico)
Office of Civil Rights; US Dept. of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Phone: (214) 767-4056
Fax: (214) 767-0432
TDD: (214) 767-8940

Please provide as much information as possible so your complaint may be properly investigated. You will not be penalized for filing a complaint.

RECEIPT OF UNMSLHC PRIVACY NOTICE

I, the undersigned, acknowledge receipt of the UNMSLHC Notice of Privacy Practices on

_____, 20____
Month Day Year

Signature of Client or Representative

Printed Name of Client or Representative

Relationship to Client

If client refused or is unable to acknowledge, please explain why:

Signature of UNMSLHC representative (required only when refused or unable to accept)

Printed Name of UNMSLHC representative