

## ROCHESTER HEARING AND SPEECH CENTER

### Notice of Privacy Practices

*This notice describes how your Protected Health Information may be used and disclosed and how you can access this information. Please review it carefully.*

Rochester Hearing and Speech Center uses your Protected Health Information (PHI) for treatment, to obtain payment for our services and for our operational purposes, such as improving the quality of care we provide to you. We are required by law to maintain the privacy of your PHI, provide you with this Notice and abide by its terms which describes our health information privacy practices and those of affiliated health care providers that provide care at our facility. If we make any material changes to this Notice, you will be notified.

With your consent, we may use and disclose your PHI for specific reasons:

- **For Treatment:** Our staff and affiliated health care professionals may review and record information in your record about your treatment and care. We will use and disclose this health information to health care professionals in order to treat and care for you. We may contact you to provide appointment reminders.
- **For Payment:** We will bill your insurance company, you directly, or another person that may be responsible for payment of your account. We may need to contact your health plan to see if they will pay for your visits.
- **For Health Care Operations:** We may use and disclose your PHI to others for our agency's business operations. For example, we may use PHI to evaluate our agency's services, including the performance of our staff, and to educate our staff.

#### **Disclosures for Other Specific Purposes:**

We may use and disclose PHI about you, without specific consent for the following:

- **Business Associates:** We may share your PHI with our vendors and agents who help us with obtaining payment or carrying out our business functions.
- **Family and Significant Others Involved in Your Care:** Unless you object, we may disclose your PHI to a family member or significant other who is involved in your care or payment for that care.
- **Disaster Relief:** In the event of an unforeseen disaster, we may disclose your PHI to an organization assisting in disaster relief.
- **Public Health and Safety Activities:** We may disclose your PHI for public health activities including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention.
- **Health Oversight Activities:** We may disclose your PHI to health oversight agencies to conduct audits, investigations, inspections and licensure actions or other legal proceedings.
- **Reporting Victims of Abuse or Neglect:** We may be required to disclose your PHI if we feel that you have been abused or neglected.
- **Law Enforcement:** We may disclose your PHI for certain law enforcement purposes or other specialized governmental functions.
- **Deceased person information:** We may disclose your PHI to coroners, medical examiners, and funeral directors.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of certain judicial or administrative proceedings.
- **Research:** In general, we will request that you sign a written authorization before using your PHI or disclosing it to others for research purposes. However, we may use or disclose your PHI without your written authorization for research purposes provided that the research has been reviewed and approved by a special Corporate Compliance/HIPAA or Institutional Review Board.
- **To Avert a Serious Threat to Health or Safety:** We may be required to disclose your PHI if, in our opinion, doing so will help avert a serious threat to the public.

- **Military Personnel:** We may disclose your PHI to the appropriate command authorities.
- **Worker's Compensation:** We may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.
- **National Security and Intelligence Activities: Protective Services:** We may disclose PHI to authorized federal officials who are conducting national security and intelligence activities.
- **As Required by Law:** We will disclose your PHI when requested by the law to do so.
- **Marketing and Fundraising:** We may contact you regarding RHSC's services, to share community news or to participate in fundraising activities. You may request to not receive these communications by notifying the person under Questions/Complaints below.

We will use and disclose your PHI other than as described in this Notice or required by law only with your written Authorization. You may revoke your Authorization to use or disclose PHI in writing, at any time. To revoke your Authorization, contact the Medical Records Department. If you revoke your Authorization, we will no longer use/disclose your PHI for the purposes covered except where we have already relied on the Authorization.

#### **CLIENT RIGHTS:**

You have the following rights with respect to your health information. If you wish to exercise any of these rights, you should make your request to the Medical Records Department:

- **Right of Access to Protected Health Information:** You may request access to inspect and copy your PHI maintained in our records, including medical and billing records. Your request must be in writing. We will act on your request within 10 days after we receive it. If we must deny your request, we will send you a written denial. If this happens, you may request a review of the denial. We may charge you a fee for this service.
- **Right to Request Restrictions:** You may ask us to limit our use or disclosures of your PHI. We will abide by your request except as required by law, in emergencies, or when the information is necessary to treat you. Your request must be in writing, describe the information that you want restricted, state if the restriction is to limit our use or disclosure and state to whom the restriction applies.
- **Right to an Accounting of Disclosures:** You may request a list of disclosures that we have made of your PHI over the previous six years. You may not request an accounting for date of service prior to April 14, 2003. Your first request within a 12-month period is free, but we may charge for additional lists within the same 12-month period.
- **Right to Request Amendment:** You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support the amendment. We may deny your request and if we do so, will give you a written denial including reasons for the denial and an explanation of your right to submit a written statement disagreeing with the denial.
- **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice by using the contact information. (You may also obtain a copy of this Notice at our website, [www.rhsc.org](http://www.rhsc.org).)
- **Right to Request a Confidential Communications:** We will make every effort to communicate with you in a confidential manner. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location.

**QUESTIONS/COMPLAINTS:** Questions or complaints about this Notice of Privacy Practices or how Rochester Hearing and Speech Center handles your health information should be directed to: Rochester Hearing and Speech Center, Attn: Kathleen Gilman, 1000 Elmwood Avenue, #400, Rochester, NY 14620. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Secretary of the Department of Health and Human Services.

*Effective Date: 4/13/03 (v.1)*