



# South Carolina

**Notice of Health Information Practices  
The Montgomery Speech, Language and Hearing Clinic  
Effective April 14, 2003**

**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.**

## **Introduction**

At the Montgomery Speech, Language and Hearing Clinic, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to the confidentiality of your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

## **Understanding Your Health Record/Information**

Each time you visit the Montgomery Speech, Language and Hearing Clinic, a record of your visit is made. Typically, this record contains your current status, test results and diagnoses (as applicable), treatment details, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating graduate students and other health professionals,
- A source of data for clinical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

## **Your Health Information Rights**

Although your health record is the physical property of the Montgomery Speech, Language and Hearing Clinic, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record,
- Request an amendment to your health record if you believe your medical information is incorrect or incomplete,
- Obtain an accounting of disclosures of your health information,
- Request confidential communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information; however, the Montgomery Speech, Language and Hearing Clinic is not obligated to agree to the requested restriction,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken,
- Request a restriction on disclosure of your medical information to a health plan if you pay out of pocket,
- Right of Breach Notification: You may be notified if there is a breach of your medical information.

## **Our Responsibilities**

The Montgomery Speech, Language and Hearing Clinic is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,

Notify you following a breach of your unsecured protected information, and

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the practice's Privacy Officer, Danielle Varnedoe at (803) 777-2614.

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If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR will be provided upon request.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by your health care provider(s) will be recorded in your record and used to determine the course of treatment that should work best for you. Your health care provider will document in your record his or her expectations of your treatment, significant observations, and recommendations. In that way, your health care provider(s) will know how you are responding to treatment.

We will also provide your referring physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you should you be discharged from this Center.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Unless you ask for restrictions, your medical information may be disclosed for:

- Appointment reminders
- To inform you of alternative treatments or benefits or services related to your health, which you may opt out of

Further use of your medical information:

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include maintenance and cleaning of the building, review of files for documentation of services and appropriate referrals, and computer/technology services. To protect your health information, however, we require the business associate to sign an agreement to safeguard your information.

*Directory:* We will not disclose ANY personal identifying information or health care information to organizations, individuals, etc. for publication.

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*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Identifying information is not revealed.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Fund raising:* We may contact you as part of a fund-raising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

*Law enforcement:* We may disclose your health information for law enforcement purposes as required by law .

*Judicial Proceedings:* . We may disclose your health information in response to a court order, subpoena, or discovery request.

*Disaster relief:* We may disclose health information to disaster relief agencies if you are injured in a disaster

*Public Health Authorities:* We may disclose your information to public health authorities for reports of child abuse or neglect or if we believe you have been a victim of abuse, neglect, or violence

*National security and intelligence activities:* We may disclose your information for the protection of the President or foreign heads of state or to conduct special investigations

*University Legal Office:* We may disclose health information to the University's legal office and to agencies or individuals that oversee our operations or help carry out our responsibilities.

*HIV/AIDS information:* Information released without consent will only be to local authorities as required by law.