

**The University of Texas at Dallas
Callier Center for Communication Disorders**

Notice of Privacy Practices

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.

Please direct questions about this notice to Judith B. Lewis at 214-905-3011.

Effective Date: April 14, 2003

1. Who will follow this notice? This notice describes our institution's practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments of the University of Texas at Dallas Callier Center for Communication Disorders (Callier Center).

2. Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal and confidential. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Callier Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Callier Center, and records contained within your medical and billing record here. Non Callier Center providers may have different policies or notices regarding their use and disclosure of your medical information created in their office or clinic.

This notice will tell you about the ways in which we may use and disclose medical/billing information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

3. We are required by law to:

- Make sure that medical/billing information that identifies you is kept private.
- Notify you of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

4. How we may use and disclose medical information about you.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

a. For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to healthcare providers who are involved in taking care of you. For example, different departments or sites of the Callier Center also may share medical information about you in order to coordinate the different services you need. We also may disclose medical information about you to people outside the Callier Center who may be involved in your continued care, such as family members and your primary care physician.

b. For Payment: We may use and disclose medical information about you so that the treatment and services you receive at the Callier Center may be billed to and payment may be collected from you, an insurance company, a third party or a State or Federal Program. For example, we may need to give your health plan information about your treatment you received at the center so your health plan will pay us or reimburse you for services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

c. For Health Care Operations: We may use and disclose medical information about you for health care operations at the Callier Center. These uses and disclosures are necessary to run the Callier Center and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many

Callier Center patients to decide what additional services the Callier Center should offer. We may also disclose information to students for review and learning purposes. We may remove information that identifies you from others so medical information may be used in research without learning who the specific patients are.

d. Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or care at the Callier Center.

e. Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

f. Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

g. Fundraising Activities: We may contact you in an effort to raise money for the Callier Center and its operations. The information released would only include your name, address, gender, insurance status and dates of service at the Callier Center. If you do not want the Callier Center to release this information about you for fundraising efforts, you must notify the Callier Center at 214-905-3003.

h. Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member that you indicate is involved in your care or payment for your care unless you object in whole or in part. Information is not released routinely about patients receiving Psychology services. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition status and location.

i. Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing patient hearing loss and different hearing aids. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of your information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project. For example, this information may help researchers look for patients with specific medical needs. This information will remain within the institution. We will ask for your specific permission to give a researcher your name, address or other information that reveals who you are. In rare cases, your permission may be waived as directed by federal, state, and local law.

j. As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law.

k. To Avert A Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

l. Special Situations:

(i) Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority. **(ii) Workers' Compensation:** We may release medical information about you for worker's compensation for similar programs. These programs provide benefits for work-related injuries or illness. **(iii) Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report births and deaths to report child or elder abuse; to report reactions to medication 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. **(iv.) Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We have an obligation 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 if you agree or when required or authorized by law. **(v.) Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you to comply with subpoena, court order, or other lawful process by someone else involved in the dispute, provided that the request meets all of the legal requirements and is valid. **(vi.) Law Enforcement:** We may release medical information if asked to do so by law

enforcement official: 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 victim or the suspected victim of a crime; about criminal conduct at the center; and in certain 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. **(vii.) National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. **(viii.) Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations. **(ix) Patient under Custody of Law Enforcement:** If you are under the custody of a law enforcement official we may release medical information about you to the law enforcement official. This release would be necessary for the institution to provide you with the health care and/or to protect your health and safety or the health and safety of others.

5. Your Rights Regarding Medical Information About You

a. Right to Inspect and Copy: You have the right to inspect and have copied information that is considered part of your medical and billing records that may be used to make decisions about your care. **To inspect and have copied medical information about you, you must submit your request in writing to the Supervisor of the Medical Records Department.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In certain circumstances, if you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Callier Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

b. Denial to Inspect and Copy: A patient does not have a right to inspect or obtain a copy of consultation/psychotherapy notes. A patient may not request a review of an originator's denial of access to consultation/psychotherapy notes. However, a patient may be provided access to a summary of the psychology treatment.

c. Right to Correct or Update: For as long as your medical information is kept by the Callier Center you have the right to request a correction if you feel that this information is incorrect or incomplete. **To request a correction update, your request must be made in writing with a reason to support the request and submitted to the Supervisor of the Medical Records Department.** We will respond within 60 days of receiving your written request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we 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 information kept by or for the Callier Center; is not part of the information which you would be permitted to inspect and have copied or is accurate and complete. Any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

d. Right to a List of Disclosures We Have Made About You: You have the right to request an accounting of the disclosures we made of your medical and billing information except for disclosures made for treatment, payment and health care operation as defined above. We are not obligated to list all disclosures made about you. **To request this list of disclosures, you must submit your request in writing to the Supervisor of the Medical Records Department.** Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may alter your request before any costs are incurred.

e. Right to Request Restrictions: You have the right to request a restriction or limitation on the medical and billing information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about an evaluation you had. **We are not required to agree to your request. To request restrictions regarding your care, you must make your restriction request known at the time of your registration to the clinic office.** Any other restrictions must be in writing to the Supervisor of the Medical Records Department. In your request, you must tell us (1) what information you may want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or insurance company. A request to restrict information to your insurance company will make you responsible for all fees associated with your treatment.

f. 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 a certain location. For example, you can ask that we only contact you at

work or by mail. **To request confidential communication, you must make your request at the time of registration at the clinic office.** We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

g. Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, www.callier.utdallas.edu. You may obtain a paper copy of this notice at any location where you receive care. **We will ask that you acknowledge receipt of this notice in writing.**

h. Changes to This Notice: We reserve the right to change the terms of this notice and make revised or changed notice effective for medical information we maintain. We will post copies of the current notice in all Callier Center locations where you receive care. The effective date of the notice is contained on the first page. In addition, each time you register at the center for health care services we will offer you a copy of the current notice in effect.

i. Complaints: You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Callier Center or the Secretary of the Federal Department of Health and Human Services. To file a complaint with the Callier Center, contact the Compliance Officer at 214-905-3011 or Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Voice Phone (214) 787-4056, FAX (214) 767-0432, TDD (214) 767-8940

j. Other Uses of Medical Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke it, in writing, at any time. If you revoke it, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

(02.10.2006)