

## HIPAA PRIVACY NOTICE FOR HEALTH CARE PROVIDERS

**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.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH Act) imposes numerous requirements on Health Care Providers concerning the Use and Disclosure of your individual health information. This information is known as Protected Health Information (PHI) (and includes Genetic Information) and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the Health Care Provider listed here: Murray State University Speech and Hearing Clinic

### **The Health Care Provider's duties with respect to health information about you**

The Health Care Provider is required by law to maintain the privacy of your health information and to provide you with this notice of the Health Care Provider's legal duties and privacy practices with respect to your health information and to inform you about:

- The Health Care Provider's practices regarding the Use and Disclosure of your PHI;
- Your rights with respect to your PHI;
- The Health Care Provider's duties with respect to your PHI;
- Your right to file a complaint about the Use of your PHI;
- A breach of your unsecured PHI; and
- Whom you may contact for additional information about the Health Care Provider's privacy practices.

It's important to note that these rules apply to the Health Care Provider in that capacity, not to Murray State University as an employer — that's the way the HIPAA rules work. Different policies may apply to other Murray State University programs or to data unrelated to the activities of the Health Care Provider.

### **How the Health Care Provider may Use or Disclose your health information**

The privacy rules generally allow the Use and Disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Health Care Provider may share health information about you with physicians who are treating you.*
- **Payment** includes activities by health plans and providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. *For example, the*

*Health Care Provider may share information about your coverage or the expenses you have incurred with a health plan in order to coordinate payment of benefits.*

- **Health care operations** include activities by a health plan and/or provider and may include such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Health Care Provider may Use medical information to review its treatment and services and evaluate performance of services rendered to you.*
- The amount of health information Used or Disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. Information not required for the task will not be Used or Disclosed. The Health Care Provider may also 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.

### **How the Health Care Provider may share your health information with Murray State University**

The Health Care Provider may Disclose your health information without your written authorization to Murray State University employees for administration purposes. Murray State University agrees not to Use or Disclose your health information other than as permitted or required by law. Employees of the Office of Vice President for Finance and Administrative Services, Office of General Counsel, Information Systems and Office of Internal Auditor, along with those who work within the Department of the Health Care Provider are the only Murray State University employees who will have access to your health information for such functions. In addition, you should know that Murray State University cannot and will not Use health information obtained from the Health Care Provider for any employment-related actions. However, health information collected by Murray State University from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

### **Other allowable Uses or Disclosures of your health information**

Generally, the Health Care Provider may Disclose your PHI without authorization to a family member, close friend, or other person you have identified as being involved in your health care or payment for your care. In the case of an emergency, information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these Disclosures (although exceptions may be made, for example if you’re not present or if you’re incapacitated). In addition, your health information may be Disclosed without authorization to your legal representative.

The Health Care Provider is also allowed to Use or Disclose your health information without your written authorization for the following activities:

Workers’ compensation	Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal

health or safety	health or safety, if made to someone reasonably able to prevent or lessen the threat (including Disclosures to the target of the threat); includes Disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Health Care Provider reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; Disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and Disclosures to the Food and Drug Administration to collect or report adverse events or product defects; or to notify individuals of recalls of medication or products they may be using
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Health Care Provider may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to comply with health care system oversight such as audits, inspections, investigations, or licensing actions and activities related to the health care provision or public benefits or services
Specialized government functions	Disclosures to facilitate specified government function related to the military and veterans, national security or intelligence activities; Disclosures to correctional facilities about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Health Care Provider's compliance with the HIPAA privacy rule

Except as described in this notice or as may be allowed by law, other Uses and Disclosures of PHI, such as marketing purposes, Use of Psychotherapy Notes, and Disclosures that constitute the sale of PHI will be made only with your written authorization. You may revoke your authorization by written notice of such revocation as allowed under the HIPAA rules. However, you can't revoke your authorization if the Health Care Provider has taken action relying on it. In other words, you can't revoke your authorization with respect to Disclosures the Health Care Provider has already made.

### **Your individual rights**

You have the following rights with respect to your health information the Health Care Provider maintains. These rights are subject to certain limitations, as discussed below. This section of the

notice describes how you may exercise each individual right

**Right to request restrictions on certain Uses and Disclosures of your health information and the Health Care Provider's right to refuse**

You have the right to request a restriction or limitation on the Health Care Provider's Use or Disclosure of your health information. For example, you have the right to ask the Health Care Provider to restrict the Use and Disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Health Care Provider to restrict Use and Disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form. The Health Care Provider is not required to agree to a requested restriction. And if the Health Care Provider does agree, a restriction may later be terminated by your written request, by agreement between you and the Health Care Provider (including an oral agreement), or unilaterally by the Health Care Provider for health information created or received after you're notified that the Health Care Provider has removed the restriction. The Health Care Provider may also Disclose health information about you if you need emergency treatment, even if the Health Care Provider has agreed to a restriction.

You also have the right to request that the Health Care Provider not Disclose PHI to a health plan for the purpose of carrying out payment or health care operations if such Disclosure is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than a health plan) has paid the Health Care Provider in full. In such event, the Health Care Provider must agree to abide by your request.

**Right to receive confidential communications of your health information**

If you think that Disclosure of your health information by the usual means could endanger you in some way, the Health Care Provider will accommodate reasonable requests to receive communications of health information from the Health Care Provider by alternative means or at alternative locations. For example, you may request that the Health Care Provider only contact you at work and not at home.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form and you must include a statement that Disclosure of all or part of the information could endanger you.

**Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect and obtain a copy of your health information that the Health Care Provider maintains in a Designated Record Set or direct that they be provided to a third party. This may include medical and billing records maintained for a Health Care Provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by the Health Care Provider; or a group of records the Health Care Provider Uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of Psychotherapy Notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Health Care Provider may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form. Within 30 days of receipt of your request, the Health Care Provider will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

The Health Care Provider may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Health Care Provider also may charge reasonable fees for copies or postage as may be allowed by law. If the Health Care Provider doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request. You have the right to request a copy of such records in a specified form and format, and the Health Care Provider will provide same if they are readily producible in such form and format; and, if not, they will be provided in a mutually agreeable manner.

**Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Health Care Provider amend your health information if you believe that the information the Health Care Provider has about you is incomplete or incorrect. The Health Care Provider may deny your request for a number of reasons. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form, and you must include a statement to support the requested amendment. The Health Care Provider will notify you of its decision to grant or deny your request. Within 60 days of your request, the Health Care Provider will:

- Make the Amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

**Right to receive an accounting of Disclosures of your health information**

You have the right to a list of certain Disclosures the Health Care Provider has made of your health information (including PHI maintained electronically and Electronic Health Records if maintained by the Health Care Provider). This is often referred to as an "accounting of Disclosures." The accounting will not include: (1) Disclosures made for purposes of Treatment, Payment or Health Care Operations (unless the records are Electronic Health Records); (2) Disclosures made to you; (3) Disclosures made pursuant to your authorization; (4) Disclosures made to friends or family in your presence or because of an emergency; (5) Disclosures for national security/law enforcement purposes; (6) Disclosures as part of a limited data set; (7) Disclosures occurring prior to the compliance date; and (8) Disclosures incident to other permissible Disclosures.

You may receive information on Disclosures of your health information going back for six (6) years from the date of your request, but not earlier than the date upon which the Health Care Provider became a Covered Entity subject to the HIPAA privacy rules.

You may make one (1) request in any 12-month period at no cost to you, but the Health Care Provider may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

**Right to access/copy of electronic records**

You have the right to access and request a copy of your health information which is maintained electronically in one or more designated record sets or you may request that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

**Right to obtain a paper copy of this notice from the Health Care Provider upon request**

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

To contact someone to exercise your rights as listed above, you may contact the Secretary of the Department wherein the Health Care Provider is located, same being:

Individual/Phone No. Clinic secretary / 270/809-2446

Address: 125 Alexander Hall, Murray, Kentucky 42071

**Changes to the information in this notice**

The Health Care Provider must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on September 23, 2013. However, the Health Care Provider reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Health Care Provider maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. Before we make a significant change in our policies, we will change our notice and post the new notice in the Clinic and on our website at <http://www.murraystate.edu/SpeechandHearingClinic>

**Complaints**

If you believe your privacy rights have been violated, you may complain to the Health Care Provider and to the regional office for Civil Rights of the United State Department of Health and Human Services. Information on how to file a complaint is available on the Department of Health and Human Services website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/). You won't be retaliated against for filing a complaint. To file a complaint with the Health Care Provider, contact the Complaint Manager, Clinic Coordinator, same being:

Name/Phone No. Dr. Sharon Hart / 270/809-6841

Address: 111 Alexander Hall, Murray, Kentucky 42071

You will be provided with a HIPAA complaint form to be completed, signed by you, and returned to the Complaint Manager.

For more information on the Health Care Provider's privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official, Teresa Moss Groves, Murray State University, 100 Pogue Library, Murray, Kentucky 42071; 270/809-3399, [tgroves@murraystate.edu](mailto:tgroves@murraystate.edu).