

CENTER FOR HEARING & SPEECH

NOTICE OF PRIVACY PRACTICES

Effective Date: May 20, 2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION - PLEASE REVIEW IT CAREFULLY

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We are required by law to protect the privacy of your protected health information, to provide you with notice of these legal duties and to notify you following a breach of unsecured protected health information. This Notice explains how, when and why we typically use and disclose health information and your privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our "Privacy Practices." Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care, or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as listed below.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION

For Treatment, Payment and Health Care Operations

1. **For Your Treatment** - We may use and/or disclose your health information to health care providers and other personnel within the Center who are involved in your care. Communication with providers outside of the Center would require your written consent.
2. **For Payment of Health Services** - We may use and/or disclose your health information to bill and receive payment for the services that you receive from us. For example, we may provide your health information to our billing department to prepare a bill or statement to send to you or your insurance company. If services are paid by a third party, general information may be disclosed to the payer to verify services were delivered, but will not include Personal Health Information (PHI).
3. **For Our Health Care Operations** - We may use or disclose your health information to carry out certain administrative, financial, legal and quality improvement activities that are necessary to run our businesses and to support our treatment and payment activities. For example, we may use and/or disclose your health information to help assess the quality and performance of our clinicians and staff and improve the services that we provide. Specifically, we may disclose your health information to clinicians or other health or business professionals for review, consultation, comparison and planning. We may use and disclose your health information for accreditation, certification, licensing or credentialing activities. Additionally, we may disclose your health information to auditors, accountants, attorneys, government regulators or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.
4. **Special Circumstances** - We may disclose your health information on a limited basis after removing direct identifying information (such as your name, address and Social Security number), public health activities and other health care operations (such as business planning). While only limited identifying information will be used, we will also obtain assurances from the recipient of such health information that they will safeguard the information and only use and disclose the information for limited purposes.

In conducting or participating in activities related to treatment, payment and health care operations, we may add or combine your information into electronic (computer) databases with information from other health care providers to help us improve our health services. For instance, using a combined information database, we may have more information to help us make more informed decisions about the range of treatments and care that may be available to you, including avoiding duplicate tests or conflicting treatment decisions. While we may not notify you about the inclusion of your data into these databases, you may be permitted to “opt-out” of some of these databases.

For Activities Permitted or Required by Law

There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than for treatment, payment or health care operations. Except for the specific situations where the law requires us to use and disclose information (such as reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

1. **Public Health Activities** - We may disclose your health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the U.S. Food and Drug Administration (FDA) to report medical device or product-related events. In certain limited situations, we may also disclose your health information to notify a person exposed to a communicable disease.
2. **Health Oversight Activities** - We may disclose your health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system.
3. **Law Enforcement Activities** - We may disclose your health information in response to a law enforcement official’s request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.
4. **Judicial and Administrative Proceedings** - We may disclose your health information in response to a subpoena or order of a court or administrative tribunal.
5. **Coroners, Medical Examiners and Funeral Directors** - We may disclose your health information to coroners, medical examiners and funeral directors to identify a deceased person.
6. **Avoidance of Harm to a Person or Public Safety** - We may disclose your health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.
7. **Specialized Government Functions** - We may disclose your health information for specific governmental security needs, or as needed by correctional institutions.
8. **Workers’ Compensation Purposes** - We may disclose your health information to comply with workers’ compensation laws or similar programs.
9. **Appointment Reminders and to inform you of health-related products or services** - We may use or disclose your health information to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related benefits and services.
10. **Billing and Collection Purposes** - We may use or disclose your health information for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using pre-

recorded or artificial voice messages and/or automatic dialing device (an “autodialer”). Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used in order to contact you.

Uses and Disclosures that Require Your Written Authorization

The Center does not disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service marketed by the third party.

For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your health information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Requesting Restrictions of Certain Uses and Disclosures of Health Information

You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for activities related to our health care operations. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend. To make a request, see contact information below.

We are not required to agree to your request in all circumstances. Additionally, any restriction that we may approve will not affect any use or disclosure that we are required or permitted to make under the law. We must agree to your request to restrict disclosure of your health information to your health plan if the disclosure is not required by law and the health information you want restricted pertains solely to a health care item or service for which you (or someone other than your health plan, on your behalf) have paid us for in full.

Requesting Confidential Communications

You may request changes in the manner in which we communicate with you or the location where we may contact you. You must make your request in writing. See contact information below. We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.

Inspecting and Obtaining Copies of Your Health Information

You may ask to look at and obtain a copy of your health information. You must make your request in writing. See contact information at the end of this notice. We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request by either providing the information requested, denying the request with a written explanation for the denial, or advising you we need additional time to complete our action on your request (for instance, if your health information is not readily accessible or the information is maintained in an off-site storage location).

Requesting a Change in Your Health Information

You may request, in writing, a change or addition to your health information. See contact information below. The law limits your ability to change or add to your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

Requesting an Accounting of Disclosures of Your Health Information

You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure. To make a request for an accounting see contact information below. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Notification Following a Breach of Unsecured Protected Health Information

We will notify you within a reasonable time not to exceed 60 days, in writing, in the event your health information is compromised by the Center for Hearing and Speech, one of our affiliates or by someone with whom we contracted to conduct business on our behalf.

Obtaining a Notice of Our Privacy Practices

We provide you with our Notice to explain and inform you of our Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may request a paper copy at any time. You may also view or obtain a copy of this Notice at our website www.chsstl.org

COMPLAINTS We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the individuals listed in the Contact Section of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

QUESTIONS Your opinion about our services is very important to us. We also want to make sure that you fully understand your privacy rights. If you want more information about Protected Health Information (PHI), you can go to the Department of Health and Human Services Administrative Simplification website at www.aspe.hhs.gov/admsimp/. If you have questions or comments about this notice of your rights, you may contact the Center for Hearing & Speech.

For questions, concerns, requests or complaints concerning the Center for Hearing and Speech, please contact the Center's Director Julie Erickson at (314) 737-5090/ 9835 Manchester Road St.Louis Mo. 63119/ Ericksonj@chsstl.org

You may also file a complaint to the US Secretary of Health and Human Services. The Center for Hearing & Speech is prohibited to retaliate as a result of a complaint.