

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

**HIPAA NOTICE OF PRIVACY PRACTICES**

*Effective Date: 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.**

If you have any questions about this notice, please contact Cape Cod Speech and Language at (508) 255-0076.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. “ Protected Health Information” is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health and related health care services.

**WHO WILL FOLLOW THIS NOTICE.**

This notice describes Cape Cod Speech and Language’s practices and that of:

- Any health care professional employed or subcontracted by Cape Cod Speech and Language
- Any student intern working under the direction of a licensed professional at Cape Cod Speech and Language
- Any member of a volunteer group working with you at Cape Cod Speech and Language.

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:**

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the services you receive at the Cape Cod Speech and Language. 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 treatment generated by Cape Cod Speech and Language.

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

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose protected health 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.

- **For Treatment.** We may use the health information about you to provide you with medical treatment or related services. We may disclose health information about you to doctors, nurses, therapists, technicians, healthcare professional students, or other health care professionals who are involved in taking care of you at Cape Cod Speech and Language. For example, a speech therapist treating you for stuttering may need to know if you are taking any medications. We also may disclose health information about you to people outside Cape Cod Speech and Language who may be involved in your medical care after you leave treatment at Cape Cod Speech and Language. In all cases, Cape Cod Speech and Language obtains your written consent to either obtain or provide health care information about you.
- **For Payment.** We do not currently bill any health care insurance companies for treatment services. You may ask us to communicate with a health care provider in order that you can obtain reimbursement. We may use and disclose health information about you so that the treatment and services you receive at Cape Cod Speech and Language may be collected by you, an insurance company or a third party. For example, we may need to give your health plan information about your treatment at Cape Cod Speech and Language so your health plan will reimburse you for the services received. 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.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Cape Cod Speech and Language
- **Individuals Involved in Your Treatment or Payment for Your Treatment.** We may release health information about you to a friend or family member who is involved in your treatment. We may also give information to someone who helps pay for your treatment.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one treatment to those who received another, for the same condition. All research projects, however, are subject to approval process by an institutional review board. We will disclose your health information to researchers only after an institutional review board has approved their research. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Cape Cod Speech and Language.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health 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 someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

- **Public Health Risks.** We may disclose health 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 abuse or neglect;
- to report reactions to medications 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;
- 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.
- **Health Oversight Activities.** We may disclose health 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information if asked to do so by a 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at Cape Cod Speech and Language; and
  - In emergency 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.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to Cape Cod Speech and Language. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other services associated with your request.

- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Cape Cod Speech and Language.

To request an amendment, your request must be made in writing and submitted to Cape Cod Speech and Language. In addition, you must provide a reason that supports your request. We will respond to your request within 60 days of receipt.

We may deny your request for an amendment 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 health information kept by or for Cape Cod Speech and Language;
- Is not part of the information which you would be permitted to inspect and copy; or

- Is accurate and complete.
- The denial will state the reason for the denial and explain your rights.
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- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Cape Cod Speech and Language. 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 will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health 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 the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Cape Cod Speech and Language. In your request, you must tell us (1) what information you 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 parents.

- **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 communications, you must make your request in writing to Cape Cod Speech and Language. 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.

- **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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Cape Cod Speech and Language.

### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Cape Cod Speech and Language. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Cape Cod Speech and Language or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION.**

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

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- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.