



**COLUMBUS
SPEECH & HEARING**

EST. 1923

JOINT NOTICE OF PRIVACY PRACTICES



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete.
 - We may say “no” to your request, but we will tell you why in writing within 60 days.
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Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
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Ask us to limit what we use or disclose

- **You can ask us not to use or disclose certain health information for treatment, payment, or our operations.**
- **We are not required to agree to your request, and we may say “no” if it would affect your care.**
- **If you pay for a service or health care item out-of-pocket in full, you can ask us not to disclose that information to your health insurer.**
- **We will say “yes” unless a law requires us to disclose that information.**

Get a list of those with whom We have disclosed information

- You can ask for a list (accounting) of the times we have disclosed your health information for six years prior to the date you ask, who we disclosed it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we disclose.

If you have a clear preference for how we disclose your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Disclose information with your family, close friends, or others involved in your care
- Disclose information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and disclose your information if we believe it is in your best interest. We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never disclose your information unless you give us written permission:

- Marketing purposes as described in the HIPAA regulations
 - Sale of your information to others
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In the case of fundraising:

We may contact you for fundraising activities. However, you will be given the chance to stop receiving these contacts.

Our Uses and Disclosures

How do we typically use or disclose your health information?

We typically use or disclose your health information in the following ways.

To treat you

- We can use your health information and disclose it with other professionals who are treating you.

***Example:** A doctor treating you for an injury asks another doctor about your overall health condition.*

To run our organization

- We can use and disclose your health information to run our practice, improve your care, and contact you when necessary.

***Example:** We use health information about you to manage your treatment and services.*

To bill for your services

- We can use and disclose your health information to bill and get payment from health plans or other entities.

***Example:** We give information about you to your health insurance plan so it will pay for your services.*

continued on next page

Our Uses and Disclosures

How else can we use or disclose your health information?

We are allowed or required to disclose your information in other ways – usually in ways that contribute to the public health, research and as allowed by law. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can disclose health information about you for certain situations such to:
 - Prevent disease
 - Help with product recalls
 - Report adverse reactions to medications
 - Report suspected abuse, neglect, or domestic violence
 - Prevent or reduce a serious threat to anyone’s health or safety

Do research

- We may use or disclose your information for health research.

Comply with the law

- We will disclose information about you if state or federal laws require it.

Address workers’ compensation, law enforcement, and other government requests

- We can use or disclose health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies
 - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits
and legal actions**

- We can disclose health information about you in response to a court or administrative order. Under certain Federal and Ohio laws, some requests may require a hearing and court order for the disclosure of any health information.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or disclose your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to:

Columbus Speech & Hearing
510 E. North Broadway
Columbus, OH 43214

Columbus Speech & Hearing
470 Olde Worthington Road
Suite 470
Westerville, OH 43082

Columbus Speech & Hearing
5155 Bradenton Avenue
Suite 150
Dublin, OH 43017
www.columbusspeech.org

Privacy Officer: Davy Weaver
614-263-5151 Option 1
Email: hipaa@columbusspeech.org