

**THIS NOTICE DESCRIBES HOW
INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS
INFORMATION.
PLEASE REVIEW IT CAREFULLY.**



INTRODUCTION

_____, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit, a record of your visit is made. Typically, this record contains your test results, diagnosis, treatment and a plan for future treatment.

This information serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and nation,
- A source of data for planning,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of LUSLHC, the information belongs to you.

You have the right to:

- Obtain a paper copy of this notice of information practices on request,
- Inspect and receive a copy of your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and

OUR RESPONSIBILITIES

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practice with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will

mail a revised notice to the address you have supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we received a written revocation of the authorization according to the procedures included in the authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions, and would like additional information, you may contact James M. Mancinelli, MS CCC-SLP/L University Clinical Coordinator/ Supervisor (215) 991-3597

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Owner or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F, HHH Building
Washington, DC 20201

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, therapist, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should be best for you. Your speech-language pathologist or psychologist will document in your records his or her

expectations of the members of your family and/or health care team and then record the actions taken along with their observations. In that way, responses to treatment can be recorded.

We will also provide your physician, other health care providers, other treating therapists, or designated school personnel, with copies of various reports that should assist him or her in your treatment.

We will use your health information for regular health operations

For example: Members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality, and effectiveness of the health care and service we provide.



Business associates:

There are some services provided in our organization through contacts with business associates. Examples include physician services, nursing services, copy services, school-based services, psychological services, rehabilitation services, therapeutic services, and others under special circumstances. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however we require the business associate to appropriately safeguard your information.

Notification:

We may use or disclose information to notify or assist in notifying a family member, personal representative (parent if a minor), or another person responsible for your care, your location, and general condition. We may leave a message on your answering machine or on voicemail as a means of communication. We may mail you a

postcard or written notice as a means of communication. We may email you or our transcriptionist as a means of communication.

Communication with family:

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research:

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Fund Raising:

We may contact you as part of a fund-raising effort.

Public Health:

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

I, _____, acknowledge that I have read this document and understand its contents.

DATE: _____



Notice of Privacy Policies for

La Salle University
Speech-Language-Hearing Community
Clinics:

St. Blaise and
St. Francis of Assisi

St. Benilde Tower
Philadelphia, PA 19144-6094
(215) 951-1982
(215) 991-3597

