

## UW SPEECH AND HEARING CLINIC (UWSHC)

### NOTICE OF PRIVACY PRACTICES

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

The University of Wyoming by and through the UW Speech and Hearing Clinic (“UWSHC” or “we”) is required by law to maintain the privacy of your protected health information (“PHI”), give you this notice that describes our legal duties and privacy practices concerning your PHI and to notify you following a breach of security of your PHI. In general, when we release your PHI, we must release only that information necessary to achieve the purpose of the use or disclosure. However, all of your PHI, with limited exceptions, will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. *Health information and other records of University of Wyoming students generally are not subject to this notice and are protected by other federal and state laws.*

**How we may use and disclose information about you with or without your consent:** The following categories describe some different ways that the UWSHC may use and disclose your PHI.

1. **Treatment:** For example, we may use or disclose PHI to determine which treatment option best addresses your health needs or so other health care professionals can make decisions about your care. However, in non-emergency situations, authorization is required to disclose certain mental health care information to outside providers or facilities.
2. **Payment:** In order for an insurance company to pay for your treatment, we must disclose PHI that identifies you, your diagnosis, and the treatment provided to you, to the insurance company. We also may release information to someone who helps pay for your care.
3. **Health Care Operations:** We may use or disclose your PHI in order to improve the quality or cost of care we deliver. These activities may include evaluating the performance of your health care providers, or examining the effectiveness of the treatment provided to you. They may also include providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills. In addition, we may use or disclose your PHI to send you a reminder about your next appointment.
4. **Business Associates:** We may use or disclose your PHI to a Business Associate, who is specifically contracted to provide us with services utilizing that health information, pursuant to an approved business associate agreement which assures that the business associate will handle the PHI in compliance with privacy regulations.
5. **Individuals Involved in Your Care:** We may release your PHI to a family member, other relative, or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person’s involvement with your care.

**Special situations in which the UWSHC will or may disclose your PHI.**

1. **Required by Law:** As required by law, we may use and disclose your PHI. For example, we may disclose medical information to government officials to demonstrate compliance with HIPAA.
2. **Public Health:** As required by law, we may use or disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury, or disability; reporting births and deaths; reporting child or elder abuse or neglect; reporting reactions to medications or problems with products and notifying patients of recalls or products they may be using; notifying a person who may have been exposed to or be at risk for contracting or spreading a disease or condition; or notifying an authorized

government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence. We will only make this disclosure if authorized by law.

3. **Health Oversight Activities:** We may use or disclose your PHI to health agencies during the course of audits, investigations, licensure and other proceedings related to oversight of the health care system.
4. **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request or other lawful process.
5. **Law Enforcement:** We may use or disclose your PHI to a law enforcement official for purposes such as reporting a crime at our facility or for other law enforcement purposes as authorized or required by statute.
6. **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to help them carry out their duties.
7. **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.
8. **Public Safety:** We may use or disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of any individual.
9. **National Security:** We may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law.
10. **Protective Services:** We may disclose your PHI to authorized federal officials in order to provide protection to the President of the United States, other authorized persons or foreign heads of state, or to conduct special investigations.
11. **Worker's Compensation:** We may disclose your PHI as necessary to comply with worker's compensation laws that provide benefits for work-related injuries or illness without regard to fault.
12. **Disclosures to Plan Sponsors:** We may disclose your PHI to the sponsor of your health plan (if applicable), for the purposes of administering benefits under the plan.
13. **Research:** We may disclose your PHI for research, regardless of the source of funding of the research, provided that we obtain documentation that an alteration to or waiver of authorization for use or disclosure of PHI has been approved either by an Institutional Review Board or a privacy board, or if such disclosure is otherwise permitted by law.
14. **Military and Veterans:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
15. **Inmates:** If you are an inmate at a correctional facility or in the custody of a law enforcement official, we may use or disclose your PHI to the facility or the official as may be necessary to provide information about immunization and/or a brief confirmation of general health status, or required by law.
16. **Emergency Services:** We may use or disclose your PHI to provide to emergency services, health care or relief agencies a brief confirmation of your health status for purposes of notifying your family or household members.
17. **Limited Data Set:** We may use or disclose your PHI as part of a limited data set if we enter into a data use agreement with the limited data set recipient. A limited data set is PHI that excludes most direct identifiers.

#### **When the UWSHC May Not Use or Disclose Your PHI:**

Except as described in this Notice of Privacy Practices, we will not use or disclose your PHI without written authorization from you. A written authorization is required, with limited exceptions, for the use or disclosure of psychotherapy notes, for the sale of your PHI and for the use or disclosure of your PHI for marketing purposes. If

we ask for an authorization, we will give you a copy. If we disclose partial or incomplete information as compared to the authorization to disclose, we will expressly indicate that the information is partial or incomplete. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosure we have already made with your permission. If we use your PHI for underwriting purposes for your health plan, we are prohibited from using your genetic information for such purposes.

**Statement of Your Health Information Rights:**

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. The UWSHC is not required to agree to every restriction that you request. If you would like to make a request for restrictions, you must contact the Contact Person listed at the end of this Notice and submit the required form with your request in writing.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. A University health care provider is required to accommodate reasonable requests. To request confidential communications, contact the Contact Person listed at the end of this Notice and submit the required form with your request in writing.
3. **Right to Inspect and Copy:** With very limited exceptions, you have the right to inspect and copy your health information. To inspect and copy such information, submit your request in writing to the Contact Person listed at the end of this Notice. If you request a copy of the information, we may charge you a reasonable fee to cover the expenses associated with your request. In the event that the UWSHC uses or maintains an Electronic Health Record of information about you, then upon your request, we will provide an electronic copy of the PHI to you or to a third party designated by you.
4. **Right to Request Amendment:** You have the right to request the UWSHC correct, clarify and amend your health information. To request a correction, clarification or amendment, contact the Contact Person listed at the end of this Notice and submit your request on the required form in writing. We may add a response to your submitted correction, clarification or amendment and will provide you with a copy. We may also deny your request. If we do deny your request, we will provide you with a written notification detailing our reasons for the denial.
5. **Right to Accounting of Disclosures:** You have the right to receive a list or “accounting of disclosures” of your health information made by the UWSHC, except that we generally do not have to account for non-electronic disclosures made for the purposes of treatment, payment, or health care operations; for disclosures made to you; for disclosures made pursuant to an authorization; for those made to our facility’s directory or to those persons involved in your care; incidental disclosures; for lawful inquiries made pursuant to national security or intelligence purposes; for lawful inquiries made by correctional institutions or other law enforcement officials in custodial situations; or, for disclosures when your information may become part of a limited data set. To request an accounting of disclosures, submit your request in writing to the Contact Person listed at the end of this Notice. Your request should specify a time period of up to six years. The UWSHC will provide one list per 12 month period free of charge; we may charge you for additional lists.
6. **Right to Paper Copy:** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Contact Person listed at the end of this Notice. You may also obtain a copy of this notice at our website: [www.uwyo.edu/comdis](http://www.uwyo.edu/comdis) under the UW Speech and Hearing Clinic menu.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact the Contact Person listed at the end of this Notice.

### **Special Protections**

Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Similarly, some Wyoming law may be more stringent than the federal laws and regulations protecting the privacy of your medical information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. The UWSHC will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections.

### **Changes to this Notice of Privacy Practices**

The UWSHC reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to you at your next visit whenever we make material changes to the Notice and will make the new notice available at our office and on our website. The UWSHC is required by law to abide by the terms of the Notice currently in effect. The end of the Notice will contain the Notice's effective date.

### **Complaints**

Complaints about this Notice of Privacy Practices or requests for further information should be directed to the Contact Person listed below. The UWSHC will not retaliate against you in any way for filing a complaint, participating in an investigation, or exercising any other rights under the Health Insurance Portability and Accountability Act (HIPAA). All complaints to the UWSHC must be submitted in writing. If you believe your privacy rights have been violated, you also may file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington D.C. 20201 or call 1-877-696-6775.

### **CONTACT PERSONS:**

**Corri Sandoval, *Privacy Officer***

**Teresa Garcia, *Security Officer***

University of Wyoming Speech and Hearing Clinic  
Dept. 3311, 1000 E. University Avenue  
307/766-6426

[csandov3@uwyo.edu](mailto:csandov3@uwyo.edu)

[tgarcia@uwyo.edu](mailto:tgarcia@uwyo.edu)

**Effective Date of this Notice: 04/14/2003; latest revision: 08/17/2017**

### **University of Wyoming Equal Education and Employment Opportunity Statement**

The University is committed to equal opportunity for all persons in all facets of the University's operations and is an Equal Opportunity/Affirmative Action employer. The University will provide all applicants for admissions, employment and all University employees with equal opportunity without regard to race, gender, religion, color, national origin, disability, age, protected veteran status, sexual orientation, genetic information, gender identity, creed, ancestry, political belief, any other applicable protected category, or participation in any protected activity. The University ensures non-discriminatory practices in all matters relating to its education programs and activities and extends the same non-discriminatory practices to recruiting, hiring, training, compensation, benefits, promotions, demotions, transfers, and all other terms and conditions of employment.

The Division of Communication Disorders applies the University's Equal Education and Employment Opportunity Statement and Policy to persons served in the program's clinic, and also provides equal opportunity regardless of an individual's status as a parent.