



CAL STATE EAST BAY

REES SPEECH, LANGUAGE
AND HEARING CLINIC

NOTICE OF PRIVACY PRACTICE

This notice describes how medical and speech/language/hearing information about you may be used and disclosed and how you can obtain access to this information. Please thoroughly review all that follows.

We at the Rees Speech, Language and Hearing Clinic (Rees Clinic) understand the importance of privacy and are committed to maintaining the confidentiality of your medical and/or speech, language and hearing information. We maintain records of the services we provide and may receive records from others. These records are used to enable ourselves and other health care providers to provide quality medical care. They also enable us to meet our professional as well as legal obligations to operate the Rees Clinic properly and ethically. We are required by law to maintain the privacy of protected health information, as well as provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your speech/language/hearing information. If you have any questions about this notice, please contact our Clinic Director at Cal State East Bay, Rees Clinic, 25800 Carlos Bee Blvd, Hayward CA 94542 or 510/885-4762.

How the Rees Speech, Language, and Hearing Clinic may use or disclose your health information:

The Rees Clinic collects health, speech, language, and hearing information about you via hard (paper) and electronic copies that are faxed, emailed or handed directly to the Rees Clinic. This is your medical record. The medical record is the property of the Rees Clinic, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Assessment and Treatment: We use your medical, speech/language, hearing, and/or educational information to provide your speech, language, and hearing care. We disclose this information to our employees and graduate student clinicians who are involved in providing the care you need. You may directly provide personal health information and/or reports to the Rees Clinic without a written authorization. However, we may provide (to another agency or person) and/or obtain information regarding you via conversations, email and/or written reports **ONLY** when you have signed a release form to allow us to do this, and under the following circumstances:

- When you have requested, in writing, that we send/receive applicable medical, speech, language, and/or hearing reports.
- When we require additional information to better treat you.
- When we wish to visit your child's public school classroom.

Payment: We never send medical, speech, language, and/or hearing information to a payment source without your specific written permission to do so. When insurance companies require specific information, we provide you with a copy to share with your insurance carrier, should you choose.

Health Care Operations: We may use and disclose information in your medical record to operate the Rees Clinic and to achieve our mission of teaching and training students to become speech pathologists. For example, we may use and disclose information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for department/clinic reviews, legal services and audits, including fraud and abuse detection, as well as for business planning and management.

- **Appointment Reminders:** We may use and disclose your personal health information to contact and remind you about appointments. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the phone number you provided to the Rees Clinic.
- **Signing In:** At your appointments, we may ask you to sign in verbally, by name, with the receptionist. Your graduate student clinician may call you by name when we are ready to serve you.
- **Notification and Communication with Family:** We may disclose your personal health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location and your general condition. In the event of disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may disclose information to someone who is involved with your care or helps pay for your care only with your written permission in advance. We may, however, disclose this same information in a disaster even over your objections if we believe it is necessary to respond to the emergency circumstances and in your best interests.
- **Marketing:** We will not use or disclose your personal health information for marketing purposes without your written authorization.
- **Public Health:** In the event it is necessary, we are required by law to disclose your personal health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; and reporting disease or infection exposure.
- **Judicial and Administrative Proceedings:** In the event it is necessary, we are required by law to disclose your personal health information in the course of administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process. We will make reasonable efforts to notify you of the request.
- **Law Enforcement:** In the event it is necessary, we are required by law to comply with a court order, warrant, grand jury subpoena to disclose your personal health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person.

- **Research:** We may want to use your personal health information to conduct research studies as a normal part of our academic pursuits. Full disclosure of the research project will be provided to you in written format. Your personal health information will be used only with your written authorization to do so.

Disbursement Methods: The following guidelines are used when sending written personal health information to someone:

- You must sign a written authorization to send the information, as well as provide the address and/or fax number of the recipient of the information. The written authorization is only good for the one academic semester that is written on the authorization form.
- We only share information created at the Rees Clinic (case reports, progress notes, etc.), not information that you provided to us from another source, unless it is information that will aid in your treatment and you have authorized its use.
- Every effort (via the telephone) is made to ensure that the person who is identified to be the recipient of the personal health information is ready to receive the written information at the other end of the fax telephone line.
- Your medical records are kept in a secured location. Only personnel (staff and faculty) and students directly involved with your case are allowed access to this record, unless otherwise authorized by you. Your medical records are not allowed to leave the building at any time and cannot be accessed outside of the clinic.
- Written personal health information to be sent is sent/received by U.S. mail and/or by fax. Personal health information, where you are identified by name, may be sent via e-mail only with your written permission to do so.
- Your graduate student clinician and supervisor may e-mail rough drafts of lesson plans and case reports to each other, but the e-mailed information will not contain any personally identifying information (name, address, phone number, date of birth, parents name, etc.).
- Only specified personnel at the Rees Clinic are allowed to send/receive the personal health information.

Observation and Recording:

- It is required by our accrediting agency, the American Speech, Language, and Hearing Association, that each and every treatment session completed by a graduate student clinician be observed by a licensed and certified speech/language pathologist or audiologist. Your participation in our clinic is contingent upon your written authorization to allow this observation.
- Recording of treatment sessions occurs as a training vehicle for our students, individually and collectively. Your written authorization is required for recording. Recordings are not allowed to leave the clinic building at any time.

- Observation, via on-line cameras from observation rooms, is allowed only for supervisors, faculty, and students enrolled in or employed by the Department of Speech, Language, and Hearing Sciences. Parents and spouses may observe in the treatment room with the permission of the graduate student clinician and his or her supervisor. Recordings are not allowed out of the clinic building at any time.
- Parents and authorized caregivers may request to record sessions for their own personal use and using their own equipment and videotapes. Permission will be granted providing that the graduate student clinician and his/her supervisor give their approval. Approval might be withheld if the recording process interferes with the treatment issue.

When the Rees Clinic May Not Use or Disclose your Personal Health Information

The Rees Clinic will not use or disclose health information which identifies you without your written authorization except as described in this Notice of Privacy Practices. If you do authorize this clinic to use or disclose your personal health information for another purpose, you may revoke your authorization in writing at any time.

Your Personal Health Information Rights

- **Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.
- **Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
- **Right to Inspect and Copy:** You have the right to inspect and copy your personal health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you wish access to and whether you want to inspect it or get a copy of it. We will provide you with one written copy of case reports and up to 3 reports to be sent to other persons/agencies, given your written authorization, during the semester in which you receive services at the Rees Clinic. If you require copies at a later date, you will need to complete a new authorization form, and will be charged a reasonable fee for handling, as allowed by California and federal law. Your request may be denied if we believe allowing access would be likely to cause substantial harm to the client. You will have the right to appeal that decision.

- **Right to Amend or Supplement:** You have a right to request that we amend your personal health information that you believe is incorrect or incomplete. We are not required to change your personal health information and may deny this request if we consider the information to be accurate and complete as it is, if the person creating the information is no longer available to make the amendment, and/or if we did not create the information. Corrections will be made as an addendum to the original, finalized and signed report.
- **Right to Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your personal health information made by the Rees Clinic
- **Notice of Privacy Practices:** You have a right to a paper copy of this notice.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such an amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. A copy of the current notice will be posted in our waiting room. An additional copy will be furnished to you upon request.

Complaints

Complaints about this Notice of Privacy Practices or how the Rees Clinic handles your health information should be directed to our Privacy Officer(s) listed at the top of this Notice of Privacy Practices. You may also submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201