

Notice of Privacy Practices

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

As a health care provider, Columbus Speech & Hearing Center (CSHC) uses confidential personal health information about patients referred to below as protected health information (“PHI”). CSHC protects the privacy of this information, and it is also protected from disclosure by state and federal law. In certain specific circumstances, pursuant to this Notice of Privacy Practices (“Notice”) patient authorization or applicable laws and regulations, PHI can be used by CSHC or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Uses and Disclosures for Treatment, Payment and Health Care Operations.

CSHC may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you. In addition, CSHC and its staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment and health care operations related to the organized health care arrangement.

Your Treatment. CSHC may use and disclose PHI in the course of providing coordinating or managing our medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types or uses and disclosures may take place between physicians, pharmacists, nurses, technicians, students and other health care professionals who provide you health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting your care.

Your Payment: CSHC may use and disclose PHI in order to bill and collect payment for healthcare services provided to you. For example CSHC may need to give PHI to your health provider in order to be reimbursed for the services provided to you. CSHC may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others to assist in processing health claims. CSHC may also disclose PHI to other health care providers and health plans for the payment activities or such providers or health plans.

Health Care Operations: CSHC may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive or the performance of our staff in caring for you, provider training, letter writing activities, compliance and risk management activities, training and development, and management and administration. CSHC may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes to help make sure CSHC is complying with all applicable laws, and to help CSHC continue to provide healthcare to its patients and residents at a high level or quality. CSHC may disclose PHI to other health care providers, health plans for such entity’s quality assessment and improvement, activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that such entity has, or has had in the past, a relationship with the patient or resident who is the subject of the information.

For Sharing PHI Among CSHC and Its Staff: CSHC employees, therapists, audiologists and other health care providers who are members of the CSHC staff work together in an organized health care arrangement to provide medical services to you when you are a patient or resident at one of the CSHC facilities. CSHC and its staff will share with each other PHI that they collect from you as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients at any CSHC facility.

Other Uses and Disclosures For Which Authorization is Required: In addition to using or disclosing PHI for treatment, payment and health care operations, CSHC may use and disclose PHI for treatment, payment and health care operations, without your written authorization under the following circumstances.

As Required by Law and Law Enforcement: CSHC may use or disclose PHI when required to do so by applicable law. CSHC also may disclose PHI when ordered to do so in a judicial or administrative proceeding to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, victims, or the identity, description or location of a person who committed a crime, or for other law enforcement purposes.

For Public Health Activities and Public Health Risks: CSHC may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect or other victims of abuse, neglect or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk for contacting or spreading a disease or condition.

For Health Oversight Activities: CSHC may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspection, licensure, or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners and Funeral Directors: CSHC may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable laws.

Organ, Eye and Tissue Donation: CSHC may release PHI to organ procurement organizations to facilitate organ, eye and tissue donation and transplantation.

Research: Under certain circumstances, CSHC may use and disclose PHI for medical research purposes.

To Avoid A Serious Threat to Health or Safety: CSHC may use and disclose PHI, to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to health or safety of a person or the public.

Specialized Government Functions: CSHC may use and disclose PHI of military personnel and veterans under certain circumstances. CSHC may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigation.

Workers Compensation: CSHC may disclose PHI to comply with workers’ compensation or other similar laws. These programs provide benefits for work related injuries or illnesses.

Fundraising Activities: Your PHI may be used to contact you in an effort to raise money for CSHC. Your PHI may be disclosed to a foundation to CSHC. Such disclosure would be limited to contact information, such as your name, address and phone number and the dates you required treatment or services at CSHC. The money raised in connection with these activities would be used to expand and support CSHC’s provision of health care and related services to the community. If you do not want to be contacted as part of these fundraising activities, please notify our Privacy Officer in writing.

Appointment Reminders, Health Related Benefits and Services, Marketing:

CSHC may use and disclose your PHI to contact you to remind you of an appointment at one of our facilities, or to inform you of treatment alternatives or other health related benefits and services that may be of interest to you, such as disease management programs. CSHC may use and disclose your PHI to inform you about the benefits of a product or service through a face to face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations: CSHC may disclose your PHI to your personal representative and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. CSHC must disclose your PHI to the secretary of the United States Department of Health and Human Services (the “Secretary”) when requested by the Secretary in order to investigate CSHC’s compliance with privacy regulations issued under the Federal Health Insurance Portability and Accountability Act of 1996 (“HIPPA”).

Uses and Disclosures to which You Have an Opportunity to Object: You will have the opportunity to object to these categories of uses and disclosures of PHI that CSHC may make.

Patient/Resident Directories: Unless you object, CSHC may use some of your PHI to maintain a directory of individuals in the facility. This information may include your name, your general condition, and your treatment history. The information may be disclosed to other persons who ask for you by name.

Disclosures to Individuals in Your Health Care or Payment of Your Health Care: Unless you object, CSHC may disclose your PHI to a family member, other relative, friend or other person you identify as involved in your health care or payment for your health care. CSHC may also notify those people about your condition.

Other Uses and Disclosures of PHI For Which Authorization is

Required: Other types of uses and disclosure of your PHI not described above will be made only with your written authorization, which, with some limitations, you have the right to revoke in writing.

Uses and Disclosures Subject to State and Other Laws: In addition to the federal privacy regulations that require this notice (called the "HIPPA" regulations), there are Georgia and other federal health information privacy laws. These laws on occasion may require your specific written permission prior to disclosures of certain particularly sensitive information (such as mental health, drug/alcohol abuse, or HIV/AIDS information) in circumstances that the HIPPA regulations would permit disclosure without your permission. CSHC is required to comply not only with the HIPPA regulations, but also with any other applicable laws that impose more strict nondisclosure requirements.

Regulatory Requirements: CSHC is required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. CSHC reserves the right to change the terms of this Notice of its Privacy Practices, and to make the new terms applicable to all of the PHI it maintains. Before CSHC makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in all of its facilities. You have the following rights regarding your PHI.

You may request that CSHC restrict the use and disclosure of your PHI. CSHC is not required to agree to any restrictions you request, but if CSHC does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communication of PHI to you from CSHC be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by email rather than regular mail. Your request must be made in writing and sent to the Privacy Director of the facility. CSHC will accommodate your reasonable requests without requiring you to provide a reason for your request.

Generally, you have the right to inspect and copy your PHI that CSHC maintains, provided that you make your request in writing to the Medical Records Department of the facility. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), CSHC will inform you of the extent to which your request has or has not been granted. In some cases, CSHC may provide you a summary of the PHI you request if you agree in advance to such a summary and the associated fees. If you request copies of your PHI and or agree to a summary of your PHI, CSHC may impose a reasonable fee to cover copying, postage and related costs. If CSHC denies access to your PHI, it will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If CSHC does not maintain the PHI you request, and if it knows where that PHI is located, CSHC will tell you how to direct your request.

If you believe that your PHI maintained by CSHC contains an error or needs to be updated, you have the right to request that CSHC correct or supplement your PHI. Your request must be made in writing to the

Medical Records Department of the facility, and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), CSHC will inform you of the extent to which your request has or has not been granted. CSHC generally can deny your request if your request related to PHI: (1) not created by CSHC, (2) that is not part of the records CSHC maintains, (3) that is not subject to being inspected by you, or (4) that is accurate and complete. If your request is denied, CSHC will provide you a written denial that explains the reason for the denial and your rights to (1) file a statement disagreeing with the denial; (2) if you do not file a statement of disagreement, submit a request that any future disclosures or the relevant PHI be made with a copy of your request and CSHC's denial attached, and (3) complaint about the denial.

You generally have the right to request and receive a list of the disclosures of your PHI CSHC has made at any time during the six (6) years prior to the date of your request (provided such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and does not include certain uses and disclosures wot which this Notice already applies, such as those (1) for treatment, payment, and health care operations, (2) made to you, (3) for CSHC's patient/resident directory or to persons involved in your health care, (4) for national security or intelligence purposes, or (5) to correctional institutions or law enforcement officials. You should submit any such request to the Medical Records Department of the facility, and with sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), CSHC will respond to you regarding the status of your request. CSHC will provide the list to you at no charge; but if you make more than one request in a year you will be charged a reasonable fee, according to Georgia State Law for each additional request.

You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You can receive a copy of this in any of our offices. To obtain a paper copy of this Notice, please contact CSHC or our Privacy Officer.

You may complain to CSHC if you believe your privacy rights with respect to your PHI have been violated by contacting our Privacy Officer and submitting a written complaint. CSHC will in no manner penalize you or retaliate against you for filing a complaint regarding CSHC's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have questions about this Notice, please contact

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We Respect Your Privacy

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