



University of Central Arkansas:  
Department of Communication Sciences and Disorders  
**NOTICE OF PRIVACY PRACTICES**

This is the Department of Communication Sciences and Disorders Notice of Privacy Practice Policy and describes how the Speech-Language and Hearing Center will use and disclose your protected health information (PHI) and how you can access this information. Please review this information carefully. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires that we protect the privacy of health information that identifies clients, or when there is reasonable basis to believe the information can be used to identify a client. This Notice describes your rights as a client and our obligations regarding the use and disclosure of PHI.

**USES AND DISCLOSURE**

Uses and Disclosures Statement

- We may use or disclose your PHI without your authorization or opportunity to agree or object in order to treat you, obtain payment, or operate the Speech Language and Hearing Center. These disclosures can be made electronically, in writing or orally.
- Other uses and disclosure may be made without your authorization or opportunity to agree or object if the law requires us to disclose PHI.
- In most situations not associated with treatment, payment or operations, we may use or disclose you PHI only with your written authorization.
- Students enrolled in the department will have access to PHI on a limited basis.
- The Federal Educational Rights and Privacy Act (FERPA), state law, and professional ethics also protect the privacy of a UCA student's PHI when they are more stringent than HIPAA.

**Examples of Uses and Disclosures for Treatment –Authorization Not Required**

- We may disclose PHI regarding treatment, coordination, and management of your records as it relates to services related to speech, language, swallowing, or hearing disorders.

**Examples of Uses and Disclosures to Obtain Payment- Authorization Not Required**

- We may use and disclose your PHI for payment related activities as it related to (1) submitting claim information with your name, birth date, address, insurance, social security number, diagnoses, and procedures performed; (2) responding to inquiries for purposes of obtaining payment.

**Examples of Uses and Disclosures to Operate the Speech-Language and Hearing Center-Authorization Not Required**

- We may mail you reminders of upcoming appointments.
- We may leave telephone messages asking that you return our call.
- We may share PHI with organizations that assess the quality of care that we provide, e.g.: accreditation agencies.
- We may provide PHI as needed to supply you with information about your diagnosis or treatment.
- We may communicate with you about your treatment alternatives or other health related benefits and services.

**YOUR RIGHTS**

You have the following rights regarding your PHI, and the Speech-Language and Hearing Center must act on your request within 30 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.
- You may request access to PHI in alternative communication format and/or location.
- You may request to inspect and/or request a copy of your own PHI.
- You may request that your information be amended.
- You may revoke your authorization, except to the extent that we have taken action upon it.

**OUR RESPONSIBILITIES**

- The law requires us to maintain the Privacy of PHI.
- The law requires that we provide individuals with Notice of our Privacy Practices.
- The law requires that we abide by the terms of the Notice of Privacy practices and provide notice of revisions.
- The law requires that we limit the disclosure of any patient to the minimum necessary for the immediate purpose.

**QUESTIONS/CONCERNS**

For more information about the Privacy Practices Policy contact the Speech-Language Hearing Center, Kathy McDaniel, Box 4985, University of Central Arkansas, Conway, AR 72035 (501) 450-3176.

**COMPLAINTS**

If you believe your privacy rights have been violated you may submit a complaint in writing to Kathy McDaniel at the address listed above or Office of Civil Rights U.S. Department of Health and Human Services 233 N. Michigan Ave. Suite 250. Chicago IL 60601. No one will take action against you for filing a complaint.