

# CENTER FOR COMMUNICATION

Speech-Language Pathology and Literacy Services  
Heritage Place – Suite 102, 469 Main Street  
Springvale, ME 04083

(207) 324-2888  
Fax: (207) 324-2879  
www.centerforcommunication.us

## 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.**

This notice describes the privacy practices of the Center for Communication and will take effect on April 14, 2003, and will remain in effect until it is replaced.

We understand that information about you and your health is personal and we are committed to protecting it. The privacy of your health information is important to us and the Center for Communication has always maintained and protected the privacy of your personal information. We create a record of the care and services that you receive at this Center. We need these records to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose health and/or medical information about you.

We are now required by law to maintain the privacy of your personal information and to give you this Notice of our Privacy Practices with respect to your protected health information. It will describe your rights and certain obligations we have regarding the use and disclosure of your individual health information.

### Law Requires Us to:

1. Keep your medical and health information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information
3. Follow the terms of the privacy notice that is currently in effect.

### We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain. Such revisions will affect information we already have about you and any information we receive in the future.
3. Before we make any important changes in our privacy practices, we will change this notice, post it in our offices, and make the new notice available upon request.

## I. Use and Disclosure of Your Health Information

The following describes all of the different ways that we are permitted to use and disclose protected health information. We will not use or disclose your health information for any purpose not listed below,



without your specific written authorization. Any specific written authorization that you provide may be revoked at any time by writing to us.

**Treatment:**

We may use and disclose protected health information about you to provide you with speech language pathology services. We may disclose your personal health information to physicians, hospitals, appropriate school staff, case managers, or other health care providers to assist them in providing treatment or care for you.

**Payment:**

We may use and disclose your protected health information to obtain payment for services we provide at this Center, from your health insurers, HMO's, yourself, or other third parties that may pay for your care or to verify that your Payor will pay for your health care.

**Healthcare Operations:**

We may use or disclose your personal health information in connection with the internal administration of our Center's operations. This might include measuring and improving quality of care, evaluating performance of our employees, conducting training programs, claims adjudication, and obtaining accreditation, licenses and credentials that we need to serve you. We may also disclose your health information to our Privacy Officer to resolve any questions or complaints you may have.

**Additional Uses and Disclosures:**

In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may use and disclose health related information for the following purposes.

**Appointment Reminders:**

We may use and disclose health information to contact you as a reminder that you have an appointment for therapy with us. If you do not wish to be contacted or receive scheduling reminders be sure to let us know in writing.

**Health-Related Benefits and Services:**

We may use and disclose health information to tell you about treatment alternatives or options, health-related benefits, or other services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:**

We may release medical information about you to a family member or other designated person or caregiver who is involved in your health care. We may also give information to someone who is responsible or helps pay for your care.

**As Required By Law:**

We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Workers Compensation:**

We may release health information as authorized by and to the extent necessary to comply with Workers' Compensation laws. This program provides benefits for work-related injuries or illnesses.

**Public Health Risks:**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting medical device safety issues and adverse events to the federal Food and Drug Administration; and reporting disease or infection exposure.

**Victims of Abuse, Neglect, or Domestic Violence:**

We may disclose pertinent health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been such a victim.

**Health Oversight Activities:**

We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Judicial and Administrative Proceedings:**

We may disclose your health information in the course of an administrative or judicial proceeding, such as in response to a subpoena or court order.

**Law Enforcement:**

We may release or disclose your private health information to a law enforcement official in response to a legal order or other lawful process.

**II. Your Rights Regarding Health Information About You:**

**Right to Review and Copy:**

You have the right to request access to and obtain a copy of medical or health information that may be used to make decisions about your care.

If you desire access to your health information, please obtain and submit a record request form with our Privacy Officer at the address and phone number below. If you request a copy of your

health information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

**Right to Amend:**

If you feel that medical or health information we have about you is incorrect or incomplete, you may ask us to change the information. You have the right to request an amendment for as long as the information is maintained.

If you desire to amend your health information, your request must be made in writing and submitted to the Center's Privacy Officer and include the reasons that support your request.

We may deny your request if you ask us to amend information that is not part of the information which you would be permitted to inspect and copy, if we did not create the information you want changed, or if we believe it to be accurate and correct.

**Right to an Accounting of Disclosures:**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your health information about you that are not related to treatment, payment, or health care operations, and for which we were not required to obtain your authorization.

You must submit your request in writing to the Privacy Officer of the Center, and your request must tell us the calendar dates you want to review. The time period cannot include more than six years of information and does not apply to disclosures that occurred prior to April 14, 2003.

**Right to Request Restrictions:**

You have the right to request restrictions or limitations on the health information we use or disclose about you for treatment, payment or health care operations. You may also have the right to request a limit on the health information we disclose about you to someone who is involved in your care like a family member or relative.

While we will consider all such requests for additional restrictions, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency care.

Your request to limit or restrict use of your information must be made in writing to the Center's Privacy Officer listed below and the request must include the information you wish to limit, whether you wish to limit use, disclosure, or both and to whom the limits may apply (e.g. disclosures to your spouse).

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical or health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or not leave messages on your home answering machine.

Any such request must be made in writing to the Compliance Officer listed below. We will not ask you the reason for your request. Where possible, we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:**

If you received this Notice electronically, you have a right to a paper copy of this notice and may request a copy at any time. A request for a copy of the Notice should be sent to the Center's Privacy Officer listed below. You may also obtain a copy of this Notice on our website.

**Complaints:**

If you desire more information about your privacy rights or are concerned that we have violated your privacy rights, you may contact the Privacy Officer listed below. Any complaint must be in writing. You may also file the complaint with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services in Washington, DC. **You will not be penalized for filing a complaint.**

**If you have any questions about this notice, please contact:**

**Frances Bodkin, HIPPA Privacy Officer**

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