



HIPAA INFORMATION AND CONSENT FORM

I understand that as part of my health care, the SLP Clinic at Widener University maintains records about my health as related to my speech, language, hearing and/or swallowing abilities. These records describe my health history, symptoms, examination and test results, diagnoses, and any plans for care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment;
- a means of communication among the health professionals at the SLP Clinic who contribute to my care;
- and a tool for routine health care operations within the SLP Clinic, such as assessing quality and reviewing the competence of health care professionals.

The attached ***Notice of Privacy Practices*** gives a more complete description of how my health information may be used or disclosed by the SLP Clinic at Widener University.

The ***Notice of Privacy Practices*** also explains my rights regarding my personal health information, including the right to access my own records and the right to request restrictions as to how my health information is used or disclosed.

I understand it is my responsibility to notify the SLP Clinic of any restrictions to the disclosure of my health information regarding this or any subsequent visit.

I have been provided a *Notice of Privacy Practices* and have been given the opportunity to review this information. I acknowledge this by my signature below.

Printed Patient Name

Date

Signature of Patient or Legal Representative

Date

NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) which was instituted by the U.S. Department of Health and Human Services on April 14, 2003, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

How we may use and disclose health information about you:

The SLP CLINIC at Widener University is committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your “protected health information” (PHI) includes information about your past, present, or future health, health care we provide you and payment for services that we provide to you. The purpose of this notice is to explain who, what, when, where, and why your PHI may be disclosed and assist you in making informed decisions when authorizing anyone to use or disclose your PHI. We may use and disclose your PHI for the following purposes:

Treatment

We may use and disclose your PHI to provide you with clinical treatment and services. We may disclose PHI to graduate clinicians, certified Speech-Language Pathology supervisors, academic faculty, or other personnel in the SLP CLINIC who are involved in taking care of you.

Health Care Operations

We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and for our operation and management purposes. For example, we may use PHI to review the treatment and services you receive and/or to check on the performance of our staff in caring for you. We also may disclose PHI to students and/or faculty in the Speech-Language Pathology Program for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services

We may use and disclose PHI to contact you to remind you that you have an appointment for evaluation or treatment. We may also contact you to tell you about possible treatment alternatives or health related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may disclose PHI to family or others identified by you or who are involved in your care or payment of your care.

Legally Required Disclosures and Public Health

We may disclose PHI as required by law, including to government officials to prevent or control disease; to report child, adult or spouse abuse; or to report reactions or problems with products used in the SLP CLINIC.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, academic accreditation, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Workers Compensation

We may disclose PHI for workers compensation or similar programs.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Your Rights Regarding Health Information About You

You have the following rights, subject to certain limitations, regarding the PHI we maintain and disclose:

Right to Inspect and Copy

You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Request Amendments

If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information; however, you must disclose to us the reason for your request. A request for amendments must be submitted, in writing, to the SLP CLINIC at the address listed at the beginning of this document.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” of PHI. This is a list of certain disclosures we have made of PHI. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment. All restriction requests must be submitted, in writing, to the SLP CLINIC at the address listed at the beginning of this document.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by e-mail or only by phone. Your request must specify how or where you wish to be contacted and must be submitted, in writing, to the SLP CLINIC at the address listed at the beginning of this document. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting the SLP CLINIC at the address or phone number at the beginning of this document.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to Lauren Liria our Privacy Officer, at the address listed at the beginning of this document.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have as well as any information we receive in the future. We will post a copy of the current Notice in the lobby of the SLP CLINIC. The end of our Notice will

contain the Notice's effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the SLP CLINIC or with the Secretary of the Department of Health and Human Services. To file a complaint with the SLP CLINIC, contact to Lauren Liria, our Privacy Officer, at the address listed at the beginning of this document. To contact the Department of Health and Human Services, please refer to www.hhs.gov. You will not be penalized for filing a complaint.