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| **Your Information. Your Rights. Our Responsibilities.** |

This notice describes how medical and billing information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

If you have any questions about this notice, contact our HIPAA privacy office at 972-883-3009.

**Purpose**

The University of Texas at Dallas Callier Center for Communication Disorders (UT Dallas Caller Center) is committed to protecting health information about you. UT Dallas Callier Center and its clinicians, faculty, students, employees, non-employees, and all affiliated entities follow the privacy practices described in this Notice. UT Dallas Callier Center maintains your health information in records that are kept in a confidential manner, as required by law.

**Your Rights**

You have the right to:

* Get an electronic or paper copy of your medical and billing records
* Ask us to correct your medical record
* Request confidential communication
* Ask us to limit the information we share
* Get a list of those with whom we have shared your information
* Get a copy of this notice
* Choose someone to act for you
* File a complaint if you feel your privacy rights have been violated

**Your Choices**

You have some choices in the way that we use and share information as we:

* Tell family and friends about your condition
* Provide disaster relief
* Provide mental health care
* Market our services
* Raise funds

**Our Uses and Disclosures**

We may use and share your information as we:

* Treat you
* Run our organization
* Bill for your services
* Use Health Information Exchanges
* Help with public health and safety issues
* Do research
* Comply with the law
* Respond to organ and tissue donation requests
* Work with a medical examiner or funeral director
* Address workers’ compensation, law enforcement, and other government requests
* Respond to lawsuits and legal actions

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical and billing record**

* You can ask to see or get an electronic or paper copy of your medical and billing records and other health information we have about you, excluding psychotherapy notes. Ask us how to do this.
* We will provide a copy or a summary of your health information, within 15 business days after the receipt of your request. We may charge a reasonable, cost-based fee.
* There may be times when we may not allow access to some records, or we may not be able to provide them in the way you want. We will inform you if this is the case.

**Ask us to correct your medical record**

* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

* You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we have shared information**

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

* We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

* You can complain if you feel we have violated your rights by contacting the HIPAA privacy office at 972-883-3009.
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
* We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

* Share information with your family, close friends, or others involved in your care
* Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy notes

**Fundraising Activities**

We may contact you for fundraising efforts. We may use certain information (name, address, telephone number or e-mail address, age, date of birth, gender, health insurance status, dates of service, treating provider, department of service information, or outcome information) to contact you for fundraising UT Dallas Callier Center, but you can tell us not to contact you again.

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A provider treating you for speech or hearing delays asks another provider about your overall health.*

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

**Health Information Exchange (HIE)**

We participate in electronic health exchanges, where we may share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law. Exchange of health information through HIEs can provide faster access, better coordination of care, and assist providers in making more informed decisions. You may opt out of sharing your information through the HIEs we participate in by contacting the UT Dallas HIPAA Privacy Office. Please also note that UT Dallas Callier Center is not able to manage restrictions on disclosures of your health information through its participation in HIEs. Should you wish to restrict your information from a particular individual or entity and Callier Center grants your restriction, you should elect to opt out of the HIE(s) in order to protect your restriction.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

We may use or disclose your information for research purposes, but only as federal and state law allows. For example, we may access your information to design a research project or contact you about participating in a research activity. However, all research projects require an approval process before they begin. This process may include asking for your authorization. We may also de-identify information about you or your care and use or disclose that information in research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

* For workers’ compensation claims
* For law enforcement purposes or with a law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Operations with Business Associates**

To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

**Our Responsibilities**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

**Changes to the Terms of this Notice**

We may change the terms of this Notice, and the changes will apply to all information we have about you, as well as any information we receive in the future. You can receive a copy of the current notice at any time. Copies of the current notice are on our website at calliercenter.utdallas.edu, posted in our lobbies and will be available each time you visit our facilities for treatment.

**Effective Date of this Notice**

September 1, 2023

**Contact**

If you have any questions or concerns regarding this Notice, or want to exercise any of your rights under this Notice, please contact:

**UT Dallas Callier Center Privacy Officer**

1966 Inwood Road

Dallas, TX 75235

HIPPAPrivacyOfficer@utdallas.edu

972-883-3009