

person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We will not sell your information to any organization that is not providing you updates specific to the services and education you can receive through our site.

*Fund Raising:* CLARKE's educational and outreach services are made possible with the support of many friends. We regularly send publications to those who receive our services as well as letters seeking support for our many programs for deaf and hard-of-hearing individuals of all ages. If you do not want us to contact you for our fundraising efforts, please notify CLARKE in writing.

*Other uses or disclosures that can be made without consent or authorization:* As required during an investigation by law enforcement, to avert serious threat to public health or safety, as required by military command authorities for their medical records, to workers' compensation or similar programs for processing claims, in response to a legal proceeding, If an inmate, to the correctional institution or law enforcement official, as requires by the Food and Drug Administration (FDA), Other health care providers' treatment activities, other covered entities' and providers' payment activities,

*other covered entities' health care operations, uses and disclosures required by law, uses and disclosures in domestic violence or neglect situations, health oversight activities, and other public health activities.*

#### **Breach of Privacy**

If a breach occurs, or private information is incorrectly shared or at risk of being shared, Clarke will notify the individual, or individual's representative to inform them of the breach. If a large breach occurs, information will be provided to a media outlet as needed. Breach information can also be found on the Clarke website.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact Clarke's Clinic Supervisor Dr. Joni Skinner at 413-584-3450. If you believe your privacy rights have been violated, you can file a complaint with Clarke's Clinic Supervisor or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

# Clarke

(Clarke Schools for Hearing and Speech and Clarke Pennsylvania)

## Notice of Privacy Practices

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

Effective Date: 8/1/2013

## **Understanding your Health Record/Information**

You have the right to confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. All health care professionals authorized to enter information into your medical record, all employees, staff and other personnel (i.e. billing service, equipment vendors) at this practice who may need access to your information must abide by this Notice.

### **Your Health Information Rights:**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to: request restriction on certain uses and disclosures of your information; obtain a paper copy of the notice of information practices upon request; inspect and copy your health record; amend your health record; request communications of your health information by alternative means or at alternative locations; revoke your authorization to use or disclose health information except to extent that action has already been taken. If you chose to pay for services privately, you have the right to refuse disclosure of any treatment.

To inspect and copy medical information that may be used to make decisions about your care, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with the request. We have 30 days upon receiving the request in writing to comply.

### **Our Responsibilities:**

This organization is required to: maintain the privacy of your health information; provide you with a notice as to our legal duties and privacy practices, with respect to information we collect

and maintain about you; abide by the terms of this notice; notify you if we are unable to agree to a requested restriction; accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We use non-encrypted e-mail to communicate with other health and educational professionals and with you about your care.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of the current notice with the effective date in the upper right corner of the first page.

We will not use or disclose your health information without your authorization, except described in this notice.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*There are times when disclosure can be made without consent or authorization for purposes of your treatment. For example:* Information obtained by an audiologist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your healthcare provider will document in your record his/her expectations of the other members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way each member of your healthcare team will know how you are responding to care. For clients who are students, your healthcare team may provide information about you to your teachers and other educational staff.

We will also provide your healthcare provider with copies of various reports that should assist him/her in providing services to you. This also extends to other health care providers involved in

your care.

*We will use your health information for payment. For example:* A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your assessment, procedures and supplies used.

*We will use your health information for regular health operations.*

*For example:* Members of the CLARKE staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health-care and service we provide.

### **Other Uses or Disclosures:**

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*For adult clients-Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that