

**BGSU Speech and Hearing Clinic Privacy Policy**

200 Health and Human Services Building

Bowling Green, OH 43403-0149

Telephone: 419.372.2515

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the reception desk secretary. Clients who have complaints can submit them on the forms available at the reception desk. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or the Department Chair. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The Speech and Hearing Clinic will not retaliate against any individual for filing a complaint.

**Terms:**

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information** (PHI). PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations** (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

**Access:**

The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- Speech and Hearing Clinic staff who are involved in providing care to the client will have access as indicated below:
  - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
  - Secretarial staff needs access to the entire medical record in order to file all components of the chart.
  - Secretaries who assist clients with insurance problems may need access to the entire record in order to determine dates of service, etc.
  - Custodial staff do not have access to PHI
- The client's health insurance company, for payment purposes.
- Public Health Services and regulatory officials, when required by law.
- Research that contributes to the public good; with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule 45 CFR 164.501, 164.508, 164.512(i).
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by BGSU legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists, and physicians and/or therapists involved in continuity of care.

**Minimum Necessary:**

Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (Speech and Hearing Clinic secretaries) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Clinic Director) for assistance in making this determination.

**Patient/Client Rights:**

- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have a right to choose someone to act for them (Medical POA or Legal Guardian).
- Clients have a right to request confidential communications about their PHI.
- Clients have a right to choose to participate in Clinic marketing/media.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Speech and Hearing Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.
- Clients have a right to file a complaint if they feel their rights have been violated.

**Privacy and Security:**

- The BGSU Speech and Hearing Clinic is required by law to maintain the privacy and security of your PHI.
- Faculty, staff and student clinicians will not use or share your information other than as described here unless authorized in writing. Changes/revisions may be made at any time by written request.
- All faculty, staff, and student clinicians will receive instruction about and be familiar with the Speech and Hearing Clinic Privacy Policy.
- Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the Speech and Hearing Clinic is open, exposed patient records are not left unattended in unlocked offices. When the Speech and Hearing Clinic is closed, all files are placed in cabinets inside a locked room.
- The BGSU Speech and Hearing Clinic will provide prompt notification if a breach occurs that may have compromised the privacy or security of a client's PHI.
- Faculty, staff and student clinicians must follow the duties and privacy practices described in this notice and give you a copy of it.

**Administration:**

The Speech and Hearing Clinic secretaries serve as the Privacy Contact.

The Clinic Director serves as the Privacy Officer.

A designee of the University Information Technology Services (ITS) department serves as the Security Officer.

**PRIVACY POLICY  
ACKNOWLEDGMENT FORM**

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Under the Federal Health Insurance Portability and Accountability Act (HIPAA), health care providers may use and share Protected Health Information for the purposes of Treatment, Payment, and Health Care Operations, without written consent from the client. Almost all other use or disclosure requires signed authorization by the client. Also, the provider is required to provide the client with a copy of the policies it follows to protect patient/client privacy. You may review this and/or ask questions. You may request special restrictions to the use and disclosure of your Personal Health Information.

I, \_\_\_\_\_, acknowledge receipt of a copy of the BGSU Speech and Hearing Clinic Privacy Policy.

Client's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Date: \_\_\_\_\_