



MORE INFO, CONTACT US

Director of Clinical Services
Speech, Language and Hearing Clinic
University of Wisconsin-Stevens Point
1901 Fourth Avenue
Stevens Point, WI 54481
715-346-3667
uwsp.edu/slhclinic
slhclinic@uwsp.edu

PRIVACY PRACTICES

SPEECH, LANGUAGE AND HEARING CLINIC



CLINIC PRIVACY OBLIGATIONS

The privacy of the personal healthcare information of you or your family member is important to us, and we are committed to protecting it. We create confidential records of services you receive at the clinic to provide quality care and to comply with legal requirements. This notice describes policies on how confidential personal healthcare information may be used and disclosed and how our clients can access their personal healthcare information. Please review the following information carefully.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, please complete the appropriate form available from our office manager and submit it to the director of clinical services at the Speech, Language and Hearing Clinic. You may also submit a written complaint to the Federal Department of Health and Human Services. We will provide you with that address upon request.

NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003
(updated April 2012)



SPEECH, LANGUAGE AND HEARING CLINIC AT UW-STEVENS POINT

PRIVACY PRACTICES

1. By law, the Speech, Language and Hearing Clinic will keep your healthcare information private and follow the terms in this notice.
2. The clinic has the right to change these privacy practices at any time, provided that law permits the changes. A change could affect all healthcare information, including information previously created or received before the change. We will provide notice of any changes to these privacy practices.
3. The clinic will not use or disclose your healthcare information without your specific written authorization for any purpose other than those listed below. If your healthcare information is needed for another purpose, you will be given a full explanation of the need and asked to sign a written consent before any information is released to a third party.

All healthcare information that you give to the clinic is confidential, and can be accessed only by authorized people with a legitimate right to know. These people may include faculty, staff and student clinicians. The following represents the ways in which clinic staff and students may use or disclose your healthcare information:

- Treatment Purposes: The clinic may use your healthcare information to provide you with quality speech/ language and/or audiological services.
- Payment Purposes: The clinic may use and disclose your healthcare information to obtain payment for services that are provided to you.
- Healthcare Operations: The clinic may use your healthcare information for our healthcare operations, such as measuring and improving quality, evaluating students and/or employees, and training students.



4. If we reasonably believe you are a victim of abuse, neglect, or domestic violence and the reporting of such information is required or allowed by law, we may disclose your health information to a governmental authority, including a social service or protective services agency.
5. We may use or disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.
6. We may use or disclose your health information when legally ordered.
7. As required or allowed by law, we may disclose your health information to a government or accrediting agency that is legally responsible for overseeing activities of the Speech, Language and Hearing Clinic and is responsible for ensuring compliance with the rules of programs such as Medicaid, the Wisconsin Department of Public Instruction, and the American Speech, Language, and Hearing Association.

CLIENT RIGHTS

8. You have the right to access, inspect, and copy your healthcare information. You must make your request in writing to the director of clinical services. We may deny your request if the information has been compiled in anticipation of the following: a) legal actions; b) circumstances endangering physical safety or causing substantial harm to another person; and c) information referencing another person. If denied, you will be provided with written explanation. You may respond with a written statement of disagreement that will be added to the information that you wish to access.
9. You have the right to receive a list of all disclosures of your healthcare information for purposes other than treatment, payment and healthcare operations.
10. You have the right to request restrictions on disclosure of your healthcare information. You must make your request in writing. The clinic is not required to agree to these restrictions; but if the clinic does, the clinic will abide by the agreement, except in the case of emergency.
11. You have the right to make reasonable requests that the clinic communicates with you about your services by different means or at different locations. You must make your request in writing.
12. You have the right to request that we correct your healthcare information. While we will consider all requests for corrections, your request may be denied for legitimate reasons (for example, if your health information is accurate and complete or the clinic did not create the health information you believe is incorrect). You must make your request in writing. If the clinic accepts your request, reasonable efforts will be made to tell others who have a legitimate right to know. If denied, we will provide you with written explanation. You may respond with a written statement of disagreement that will be added to the information that you want corrected.