



Center for Communication Disorders (CCD)

Notice of Privacy Practices

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.

At RMCCD, we believe your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality. This Notice describes the privacy practices of RMCCD and its affiliated facilities and programs. This Notice applies to all of the health information that identifies you and the care you receive at RMCCD facilities. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

Rocky Mountain Center for Communication Disorders and affiliated programs All of our facilities, programs, and other services, follow the terms of this Notice. All of these entities, foundations, facilities, and services may share your health information with each other for reasons of assessment, treatment, and health care operations as described below.

HOW RMCCD MAY USE AND DISCLOSE YOUR HEALTH INFORMATION When you become a client of RMCCD, we will use your health information within RMCCD and disclose your health information outside of RMCCD for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at RMCCD who need the information to take care of you. For example, a speech-language pathologist treating you for swallowing disorders may need to discuss your respiratory status with a pulmonologist. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside RMCCD who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Health Care Operations. We may use your health information and disclose it outside CC for our health care operations. These uses and disclosures help us operate RMCCD to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at RMCCD for learning and quality improvement purposes. We may remove information that identifies you so people outside RMCCD can study your health data without knowing who you are. **Contacting You.** We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address. **Health Information Exchanges.** We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes **Organized Health Care Arrangements.** We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities. **Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at RMCCD. **Philanthropic Support.** We may use or disclose certain health information about you in an effort to raise



funds to support RMCCD and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them. **Medical Research.** We perform medical research here. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other RMCCD researchers. All patient research conducted at RMCCD goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside RMCCD for research reasons without either getting your prior written approval or determining that your privacy is protected. **Legal Matters.** We will disclose health information about you outside RMCCD when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES** As described above, we will use your health information and disclose it outside RMCCD for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. **uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization.** These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization. **YOUR RIGHTS REGARDING HEALTH INFORMATION** **Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom RMCCD has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the RMCCD facility that maintains the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the Director of Clinical Education via rmuohpclinic@rmuohp.edu. We will respond to you within 30 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months. **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the RMCCD facility that maintains those records, and give the reason for your request. We will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options. **Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Director of Clinical Education of the RMCCD. We may charge a fee for processing your request. If RMCCD denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing. **Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the Director of Clinical Education. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the RMCCD



facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Director of Clinical Education. We will accommodate all reasonable requests. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You also can view this Notice at our website, www.rmuohp.edu. COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with the CC Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with RMCCD, please direct your comments to the Director of Clinical Education. You will not be penalized for filing a complaint. CHANGES TO THIS NOTICE RMCCD may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at each of our facilities and on our website.

QUESTIONS If you have questions about this Notice, you may call the Director of Clinical Education at 385 375 8663.