

# **Northeast Hearing and Speech Notice of Privacy Practices Summary Document**

(A copy of the complete form of Northeast Hearing and Speech's Notice of Privacy Practices is available by request and on our website.)

This notice gives examples of how health information about you/your child may be used and disclosed and how you can get access to this information. Federal law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Describe the practices of the entire staff of Northeast Hearing and Speech.

Examples of how we may use and disclose health information about you:

**-For TREATMENT purposes, we may use and disclose your health information**

- To members of your treatment team such as physician or specialist, occupational therapist, physical therapist, developmental therapist, case manager, etc.
- To a family member, friend, or other person only to the extent necessary to help with your care or payment for your care.
- To remind you of appointments and to fax your information to other health care providers.

**-For PAYMENT purposes we may use and disclose health information about you**

- When asking about your health care plans or other payment sources
- When we prepare bills to send to your health care plan
- When we process payment by credit card
- When we try to collect unpaid amounts through collection agencies

**-For HEALTH CARE OPERATIONS**

- For financial or billing audits
- For internal quality assurance, review of practitioners, and credentialing activities

**-When required by FEDERAL or STATE LAW**

- To governmental authorities about victims of suspected abuse, neglect, or domestic violence
- In response to subpoenas, court orders, or administrative agencies

In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to disclose your health care information to anyone for any purpose.

**Patient Rights:**

-You may request that we restrict how we disclose your health information for treatment, payment, or health care operations. We are not required to agree to this request. If we do agree, we will comply with this request except in case of emergency.

-You may request that we communicate your health information with you in a certain way.

-You may request to review or get photocopies of your health information. This request must be in writing and there may be a fee for the cost of copying.

-You may request that we amend your health information, but at no time will information be deleted or removed. This request must be in writing and must include the reason you want to amend your health information. We may deny your request.

-You may request a list of how we have disclosed your health information regarding any special authorizations that you have signed. Your request must be in writing.

- We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law.

-If you feel that the privacy of your health information has not been handled properly, please contact Nancy Steeves, the Privacy Officer, at Northeast Hearing and Speech, 75 West Commercial Street. Portland, ME 04101 Phone: 874-1065. You may also submit a written complaint to the U.S. Department of Health Services. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Effective: 4/13/03