When may we make other disclosures of your health information?  
For some purposes, we will give you the opportunity to agree or object to a disclosure of your health information. These purposes are:

Persons involved in your care: If you are present, we may disclose your health information to a relative or other person involved in your treatment or payment for your treatment, but only if you have had an opportunity to agree or object to that disclosure. For example, you may indicate that you don't mind us disclosing your information to a friend or family member by allowing them to join in your meeting with your therapist. If you are not present to agree or object, we will use our professional judgment to determine if disclosing your health information is in your best interests.

Notification: We may disclose your location and general condition to notify a family member, personal representative or other person responsible for your care.

Other uses and disclosures of your health information not covered in this Notice will be made only with your written authorization. If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time.

If you revoke your authorization, we will no longer use or disclose your information for the purposes covered by your authorization. You must understand, however, that we are unable to take back any disclosures we have already made in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
You have several important rights with regard to your health information. The following explains those rights and how you may exercise them.

Right to inspect and copy: You have the right to inspect and copy your health information. We will provide a paper copy of your health information, even if you have agreed to receive it electronically.

To exercise any of these rights, please contact Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
America Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, MD 20850

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or with the Department of Health and Human Services.

IF YOU HAVE COMPLAINTS OR QUESTIONS
If you think your privacy rights have been violated, you may file a complaint with us by contacting
Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
America Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, MD 20850

To obtain a copy of the complaint procedures visit
http://www.asha.org/academic/accreditation/accredmanual/section8.htm
The privacy of your health information is very important to us. We are required by law to:
- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices; and
- Follow the terms of this Notice.

This Notice will remain in effect until we revise it. We reserve the right to change our privacy practices and the terms of this Notice. Any changes we make will apply to all of the health information about you we maintain. We will make you aware of any changes by:
- Posting the revised Notice in our office;
- Making copies of the revised Notice available upon your request (either at our office or through the contact person listed in this Notice);
- Posting the revised Notice on our Web site.

WHAT IS HEALTH INFORMATION?
Your health information is information that identifies you and relates to:
- Your past, present or future physical or mental health or condition;
- The treatment we provide to you; or
- Payment for your past, present or future health care.

Your health information includes your name, address, Social Security number and other demographic information. Your health information is kept in our locked medical records room.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

How may we use and disclose your health information?
We use your health information to make sure we can appropriately treat you, receive payment for our services and conduct our necessary health care operations. Some examples are:

Treatment: The speech-language pathologists and student clinicians of the UNK Speech, Language, and Hearing Clinic will use your health information to determine the medical care, tests, and procedures you may need. We may disclose your health information to coordinate or manage your health care. For example, we may disclose your information to another health care provider to order a referral if consent has been provided.

Appointment reminders and other contacts: We may use your health information to contact you with reminders about your appointments, alternative treatments you may want to consider, or other of our services that may be of interest to you.

Health care operations: We may use and disclose your health information to allow us to perform functions necessary for our business of health care. For example, within our organization, we may use your information to help us train new student clinicians and conduct quality improvement activities.

Research: We may use or disclose your health information for research purposes if a review board has determined that your privacy will be appropriately protected.

Required by law: We will disclose your health information when we are required to do so by law.

Public policy: There are several situations in which the law permits or requires us to use or disclose your health information for public policy purposes. These are:

Public health concerns: We may disclose your health information to public health authorities for certain public health activities such as reporting births or deaths, preventing or controlling disease, and notifying persons who may have been exposed to a disease or may be at risk for spreading a disease.

Health oversight activities: We may disclose your health information to a health oversight agency to conduct audits, investigations, inspections and other activities necessary for the government to appropriately monitor the health care system.

Special situations: There are some situations that occur rarely, but may require or permit us to use or disclose your health information. These include:

Abuse, neglect or domestic violence: We may disclose your health information to the appropriate authorities if necessary to report suspected abuse, neglect or domestic violence.

Serious threats to health or safety: We may use or disclose your health information when necessary to avert a serious threat to the health or safety of you, another person or the public.

Organ donation: We may disclose your health information to an appropriate organization to facilitate organ or tissue donation or transplantation.

Problems with products: We may use or disclose your health information to report problems with medical devices or other products that are regulated by the Food and Drug Administration or to allow for product recalls, repairs or replacements.

Legal proceedings: If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting your information.

Law enforcement: We may disclose your health information for law enforcement purposes, as long as we follow specific requirements and restrictions. For example, we may disclose your information to comply with laws that require the reporting of certain types of injuries, to help identify or locate a criminal suspect, or to provide information about the victim of a crime.

Coroners, medical examiners and funeral directors: We may disclose your health information to a coroner, medical examiner or funeral director to allow them to perform their duties.

Specialized government functions: We may disclose your health information as it relates to some specialized government functions, such as military or veterans activities or national security.

Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to the institution or official as necessary to provide you with health care, protect the health and safety of you or others, and maintain the safety and security of the institution.