

## **Your Privacy Rights**

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.**

*Effective date: 6.22.26*

The Illinois State University Eckelmann-Taylor Speech and Hearing Clinic (“the Clinic”) is required by law to keep your health information safe. This information may include the following:

- Notes from your doctor, teacher, or other health care provider
- Medical history
- Test results
- Treatment notes
- Insurance information

Federal regulation requires that you get a copy of this privacy notice. The Federal regulation is called the Health Insurance Portability and Accountability Act—or HIPAA for short. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will ask you to sign a paper saying that you have been given this notice. We will not share or use your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Read this notice at any time to see how your health information can be used and who can see it.

## **How Your Health Information May be Used or Shared**

We may use or share your health information both with and without your permission, depending on the circumstances.

### ***When Your Permission Is Not Needed***

We may use or share your health information without your permission for the following reasons:

- **Treatment.** We may share information with doctors and other health care providers who care for you. For example, if your doctor orders speech therapy, we will share the results of our treatment with that doctor.
- **Payment.** We may use and share information about the treatment you receive with your insurance company or other payer to receive payment for services. This may include sharing important medical information. We may share information to:
  - Get the insurance company’s permission to start treatment,
  - Get permission for more treatment, and/or
  - Get paid for the treatment you receive.
- **Health Care Operations.** We may use and share your health information to run the clinic and make sure all patients receive good care. For example, we may use your health information to
  - See how well our services are working,
  - See how well our staff is doing,
  - See how we compare to other clinics,
  - Improve our services, and
  - Help others study health care services.

- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, or by phone call or voicemail message. If you do not wish to get reminders, please tell your speech-language pathologist.
- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
- **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the U.S. Department of Veterans Affairs.
- **Information About a Person Who Has Died.** We may share information with the coroner, the medical examiner, or a funeral director, as needed.
- **Marketing.** We may use your information to let you know of other services that might be of interest to you.
- **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information to report to agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process. These projects have rules to protect your privacy, too.
- **Respond to Organ and Tissue Donation Requests.** We can share health information about you with organ procurement organizations.
- **Threats to Health and Safety.** Your health information may be shared if it is believed that this information will prevent a threat to your or others' health and safety.
- **Workers' Compensation.** We will share your information with the U.S. Department of Labor's Office of Workers' Compensation if your case is being considered as a work-related injury or illness.

### ***When Your Permission Is Needed***

You must give us permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign a form—called an *authorization*—to allow us to use or share your information. You are allowed to take back this authorization—called *revoking authorization*—at any time. We will not be able to get the information back that we shared with your permission.

### **Your Privacy Rights**

When it comes to your health information, you may have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to do all of the following:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. We do not have to agree to what you ask, and we can say “no” if it will affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law.
- **Ask us to contact you privately.** You can ask us to only contact you in a certain way or at a certain place. For example, you may want us to call you but not email. Or you may want us to call you at work and not at home. You must ask us in writing. We will make every effort to comply with your request.
- **Look at and copy your health information.** You have the right to see your health information and get a copy of that information. You have a right to see treatment, medical, and billing information. We will provide you with a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You may not be able to see or copy information put together for a court case, certain lab results, and copyrighted materials, such as test protocols.
- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change. We do not have to make the change and if we say “no”, we will tell you why in writing within 60 days.
- **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was shared and who we shared it with. There are some rules about this:
  - You must ask us in writing.
  - You must tell us the dates you are asking about and if you want a paper or electronic copy.
  - You may get information going back 6 years. We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. *If you have not designated a medical power of attorney or legal guardian, and you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- **File complaints.** You can file a complaint with us or with the U.S. government if you think that:
  - Your information was used or shared in a way that is not allowed,
  - You were not allowed to look at or copy your information, and/or
  - Any of your rights were denied.

## Who Is Covered by This Notice

The people who must follow the rules in this notice are as follows:

- All audiologists and speech-language pathologists working at the Illinois State University Eckelmann-Taylor Speech and Hearing Clinic.
- Anyone who is allowed to add health information to your file, including students and other staff.
- Any volunteers who may help you while you are in this clinic.

### **Short Message Service (“SMS”) Privacy Notice**

The Clinic operates a campaign that sends opted-in subscribers text SMS appointment reminders and other updates. Message frequency will vary. Reply HELP for more information or contact 309-438-8641. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages. You agree to notify us of any changes to your mobile number and update your account with us to reflect this change.

Data obtained from you in connection with this SMS service may include your cell phone number, your carrier’s name, and the date, time and content of your messages, as well as other information that you provide. We may use this information to contact you and to provide the services you request from us.

By subscribing or otherwise using the service, you acknowledge and agree that we will have the right to change and/or terminate the service at any time, with or without cause and/or advance notice. Reply STOP to opt out. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes.

### **Changes to the Information in This Notice**

We may change this notice at any time. Changes may apply to information that we already have in your file and to any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

### **Complaints**

You may file a complaint if you think we did something wrong with your information. You can complain to the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). All complaints must be in writing. You will not get penalized for filing a complaint.

### **Contacts**

If you have any questions about this notice or your privacy rights, please ask your audiologist or speech-language pathologist, or contact Heidi Verticchio, EdD, Clinic Director at [hfrfritz@ilstu.edu](mailto:hfrfritz@ilstu.edu) or 309.438.8641