



**Your Information.**  
**Your Client Rights.**  
**Our Responsibilities.**

As a health care provider we keep a record of the services we provide you. This notice of privacy practices is being provided to you as a requirement of Washington State law (RCW 70). It describes how we may use or disclose your personal health information (PHI) and it explains your rights to access and control your medical information under certain circumstances.

PHI includes written and verbal health information that relates to your past, present, or future physical or mental health condition as well as demographic data that can be used to identify you.

**Please review this document carefully.**

**Your Rights**

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

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| <b>Inspect or request a copy of your personal health information</b> | <ul style="list-style-type: none"><li>• You have the right to request to inspect or receive a copy of your personal health information (designated record set) for as long as it is maintained.</li><li>• Such requests require a completed <i>Authorization to Disclose/Release Protected Health Information Form</i> submitted to the Clinic. The form is available on the Clinics' website or can be requested from the front desk.</li></ul> |
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| <b>Ask us to amend your medical record</b> | <ul style="list-style-type: none"><li>• You have the right to request an amendment/change to your health care information which we created if you think it is inaccurate or incomplete.</li><li>• Such requests require a completed <i>Request to Amend Client Health Care Information Form</i> submitted to the Clinic which requires a written supporting reason for your request.</li><li>• If we deny your request, we will tell you the reason in writing.</li></ul> |
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| <b>Request confidential communications</b> | <ul style="list-style-type: none"><li>• You have the right to request to receive communications from us in a specific way or location. For example, you can ask us to restrict communications with you to phone calls only at a specific number.</li><li>• Please provide this information on the Client Information Form or in writing to front office staff if your preference changes.</li><li>• We will accommodate all reasonable requests.</li></ul> |
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## Your Rights (cont.)

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### Get a copy of this privacy notice

- You can ask us to provide you a paper or electronic copy of this notice any time or you may access it on our website or in our reception and waiting areas.
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### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if, for example, it would affect your care or violate a law.
  - 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.
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### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of disclosures we’ve made with your health information for six years prior to the date you ask.
  - Exceptions may apply such as disclosures made to carry out treatment, payment, or health care operations or those permitted by law.
  - Submit a *Request for an Accounting of Non-Routine Disclosures Form* to the Clinic.
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### 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.
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### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by filing a complaint with one or all of the following:
    1. The Clinic Director
    2. Western Washington University’s HIPAA Privacy Officer
    3. The Washington State Department of Health
  - We take your concerns and complaints seriously and will not retaliate against you for filing a complaint.
  - Procedure: See “Contact Information” below.
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## Our Uses and Disclosures

### How we typically use or share your health information without your written authorization:

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<b>To Treat You</b>	<ul style="list-style-type: none"><li>• We use your health information and share it with other professionals who are treating you.</li></ul>	<i>Example:</i> A clinician treating you at the Clinic reviews the treatment plan with your doctor.
<b>To run our clinic</b>	<ul style="list-style-type: none"><li>• We use and share your health information to run our practice, improve your care, and contact you when necessary.</li></ul>	<i>Example:</i> The Clinic staff shares information about you to manage your treatment and services.
<b>To bill your services</b>	<ul style="list-style-type: none"><li>• We use and share your health information to bill and get payment from other service providers.</li></ul>	<i>Example:</i> We give information about you to your health insurance plan so it will pay for your services.

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### Additional reasons why we might share your health information without your consent:

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<b>Permitted by law, judicial and administrative proceedings, or law enforcement purposes</b>	<ul style="list-style-type: none"><li>• Disclosures may be made:<ul style="list-style-type: none"><li>○ To the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.</li><li>○ In compliance with legal processes such as a subpoena.</li><li>○ For a law enforcement purpose to a law enforcement official if certain conditions are met.</li></ul></li></ul>	
<b>For public health or health oversight activities, or to avert a serious threat to health or safety</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations, including but not limited to:<ul style="list-style-type: none"><li>○ Preventing or controlling disease, injury, or disability</li><li>○ Reporting issues related to the quality, safety, or effectiveness of FDA regulated products or activities</li><li>○ If we, in good faith, believe the use will avert or lessen a serious and imminent threat to someone's health or safety</li></ul></li></ul>	

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## Our Uses and Disclosures (cont.)

<b>Victims of abuse, neglect, domestic violence or reporting crime in emergencies</b>	<ul style="list-style-type: none"><li>• We may make a disclosure regarding suspected abuse, neglect, or domestic violence when it is permitted or required by law.</li><li>• Emergency health care information may be disclosed in response to a medical emergency to assist enforcement officials in investigating a crime.</li></ul>
<b>Health oversight activities</b>	<ul style="list-style-type: none"><li>• We may disclose your health information to a health oversight agency for oversight activities authorized by law.</li></ul>
<b>For research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for research purposes under certain conditions.</li></ul>
<b>Organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations for the purpose of facilitating a donation and transplantation.</li></ul>
<b>If you are deceased</b>	<ul style="list-style-type: none"><li>• We may disclose your health information to assist a medical examiner or funeral to the extent necessary and allowed by law to carry out their duties.</li></ul>
<b>Address workers' compensation or, specialized government functions</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>○ For workers' compensation claims</li><li>○ For special government functions such as, but not limited to, military eligibility and correctional institution custodial situations.</li></ul></li></ul>
<b>Incidental disclosures</b>	<ul style="list-style-type: none"><li>• Many customary health care communications and practices play an important or even essential role in ensuring clients receive prompt and effective health care. Due to the nature of these communications and practices, as well as the environments in which clients are treated, the potential exists for an individual's health information to be disclosed incidentally. To reduce incidental disclosures, reasonable safeguards are in place.</li></ul>

## Sexually Transmitted Diseases and Mental Health Information

The Clinics will only disclose treatment records of patients regarding sexually transmitted diseases and/or mental health records when mandated by law ([RCW Chapter 70](#)). All other instances, even when permitted by law, we will obtain your written authorization in advance of the disclosure.

## Your Choices

**For certain health information, you can tell us your choices about and restrictions on what we share.** If you have a clear preference for if or how much we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care (including after you are deceased)
- Share information in a disaster relief situation

If 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.

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**In the case of fundraising:**

- If we contact you for fundraising efforts, you can tell us not to contact you again.
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**We never share your info in these cases without your permission:**

- Marketing purposes
  - Sale of your information
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## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will only share the minimum necessary information with others.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share 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.

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. The effective date of this notice is stated at the bottom left of the document.

## Our Responsibilities (cont.)

### Organized Health Care Arrangement

This *Notice of Privacy Practices* applies to the following Western Washington University Clinics:

- WWU Speech Clinic
- WWU Audiology Clinic
- WWU Aural Rehabilitation Clinic

All three clinics have an organized health care arrangement (OHCA) and have agreed to a joint notice. Your health information may be shared between the clinics to facilitate your treatment, payment, and clinic operations related to the OHCA.

## Contact Information

**Speech-Language-Hearing Clinic**  
Western Washington University  
360.650.3881

**Aural Rehabilitation Clinic Director**  
Kimberly Peters  
Kimberly.Peters@wwu.edu  
360.650.3206

**Audiology Clinic Director**  
Rieko Darling  
Rieko.Darling@wwu.edu  
360.650.3143

**Speech-Language Clinic Director**  
Lesley Stephens  
Lesley.Stephens@wwu.edu  
360.650.7378

**WWU HIPAA Privacy Officer/  
University Compliance Manager**  
Nicole Goodman  
Nicole.goodman@wwu.edu  
360.650.2477

**Washington State Department of Health**  
Customer Service  
[hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)  
360.236.4700