



**Speech and Hearing Center of the Mid-South, DBA Memphis Oral School for the Deaf**

**NOTICE OF PRIVACY PRACTICES**

**PATIENT- KEEP FOR YOUR RECORDS**

**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.**

This notice describes how the Speech & Hearing Center of the Mid-South (SHCMS) may use and disclose your protected health information (PHI) for purposes of treatment, payment, health care operations, and for other purposes that are permitted or required by law. We will not use or disclose your PHI without obtaining a signed authorization from you except as described in this Notice or as otherwise permitted or required by law, for example, in emergency treatment situations.

**SHCMS is required to:**

1. Maintain the privacy of your PHI as required by law
2. Provide you with a copy of this Notice describing our duties and privacy practices as to the information we collect and maintain about you
3. Abide by the terms of our current Notice
4. Notify you if we cannot accommodate a requested restriction or request
5. Accommodate reasonable requests to communicate with you about your health information
6. Obtain written permission from you for any uses and disclosures not mentioned in this Notice
7. We reserve the right to change, amend or eliminate provisions in our Notice of Privacy Practices and to make the new provisions affective for all Health Information we keep. Should our privacy practices change, we will amend our notice. You are entitled to receive a copy of the amended notice by calling and requesting a copy of the amended notice or by visiting our office and picking up a copy.

**To request information or to file a complaint:**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, or you believe that your privacy rights have been violated, you may file a written complaint by contacting:

SHCMS  
7901 Poplar Avenue  
Germantown, TN 38138  
(901) 758-2228

You may also file a complaint by mailing it to: Secretary of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

1. We cannot and will not require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from this Center.
2. We cannot and will not retaliate against you for filing a complaint with the Secretary of HHS.



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### How is your medical information used?

Each time you visit SHCMS a record of your visit is made. This information is commonly called your Medical Record; this and other information regarding your care is referred to in this Notice as PHI.

Your insurance company may request information that we are required to submit to provide and bill for your care, such as procedure, therapy and/or diagnostic information.

Specific examples of how your medical information may be used for treatment, payment or healthcare operations may include:

1. Medical information may be used to justify needed patient care services
2. We may use your PHI to establish a treatment plan
3. We will submit claims to your insurance company containing PHI
4. We may contact your health insurance carrier to certify that you are eligible for benefits and to determine the range of benefits.

Additional examples of how your medical information may be used at this Center include:

1. We may contact you to remind you of your appointment or need to make an appointment by calling you or mailing a letter
2. We may use your PHI to evaluate the quality of care you receive from us, train our students or to make business plans for our clinic
3. Being an educational institution involved in teaching and research, we may use your PHI for research purposes and/or request your participation in research projects as a research participant.
4. In consideration of our education function, sessions or services may be observed, recorded, or videotaped by faculty, staff, and graduate students for research education purposes. It is understood that these observers will consider any information revealed during a session confidential. In addition, information will not be published or distributed in any form in which you and/or your child could be identified. Your case may be discussed as part of the educational process in classroom settings. In these cases, only de-identified information will be used.
5. PHI is a valuable tool used by university researchers in finding the best treatment for communication problems. Your record may be used for such research, or for contacting you to participate in research studies, after protocols have been approved by the University committee for the protection of human research participants. Information that may identify you will not be released for research purposes to anyone outside the Speech & Hearing Center of the Mid-South without your written authorization.
6. We may use certain demographic information such as name, address, telephone number, age and gender to contact you to raise funds for our Foundation. If you do not wish to be contacted for fundraising efforts, please contact: SHCMS Development Director at 901-758-2228.

### Your Rights to Your Health Information

1. You may request restrictions on certain uses and disclosures of your PHI (SHCMS will consider reasonable appropriate requests, but are not obligated to agree to them)
2. You may request to receive confidential communication of your PHI
3. You may request to inspect and copy your PHI
4. You may request an amendment of your PHI
5. You may request an accounting of disclosures of your PHI
6. You may request a paper copy of this Notice of Privacy Practices
7. You may file a complaint if you believe that your privacy rights have been violated

Any requests or other communications about the rights listed above should be directed to:  
SHCMS 7901 Poplar Avenue Germantown, TN 38138 901-758-2228