

We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.

**Carls Center for Clinical Care and Education**  
**SUMMARY NOTICE OF PRIVACY PRACTICES**

*This is a summary of the Carls Center for Clinical Care and Education's Notice of Privacy Practices (NPP) and describes how the Carls Center may use and disclose protected health information (PHI) and how you can access this information. Please review this information carefully.*

This Summary applies to the clinical programs of the Carls Center, including the Audiology Clinics, the Fall and Balance Center, the Physical Therapy Clinics, the Psychological Training and Consultation Center (PTCC), and the Speech-Language Pathology Clinics.

The Carls Center serves as a training site for clinical students and interns. The conducting of student and intern training, in the areas of health care learning under supervision to practice or improve their skills as health care providers, is defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.501, as a covered function of health care operations.

The Health Insurance Portability and Accountability Act (HIPAA) rule also requires that we protect the privacy of health information that identifies clients, or when there is reasonable basis to believe the information can be used to identify a client. This notice describes your rights as a client and our obligations regarding the use and disclosure of PHI.

We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g. catalog or telemarketing firms). We must have your authorization to use or disclose your PHI, except for the uses and disclosures described below.

**USES AND DISCLOSURE**

**Uses and Disclosures Statement**

- We may disclose your PHI to you.
- We may use or disclose your PHI without your authorization or opportunity to object, to treat you, obtain payment, or operate the Carls Center.\*
- Other uses and disclosures may be made without your authorization or opportunity to object if the law requires us to disclose PHI.
- In most situations not associated with treatment, payment or operations, we may use or disclose your PHI only with your written authorization.

\*The Federal Education Rights and Privacy Act (FERPA), state law, and professional ethics also protect the privacy of a CMU student's PHI when they are more stringent than HIPAA. In order to provide quality and effective care, the Carls Center requires a CMU student to consent to the Carls Center's use and disclosure of the student's PHI for those purposes permitted by HIPAA.

**Examples of Uses and Disclosures for Treatment**

*Authorization Not Required*

We may consult with other health care providers in connection with your diagnosis and treatment.

- We may consult with other health care providers who request PHI in connection with your diagnosis and treatment.
- We may disclose PHI regarding treatment, coordination, and management of your health care as it relates to (1) services related to your psychological care; or (2) other health care services.
- If you are referred to a physician or other psychologist or a new health care provider, we may disclose PHI to the new provider relating to your diagnosis and treatment.

**Examples of Uses and Disclosures to Obtain Payment**

*Authorization Not Required*

- We may use and disclose your PHI to 1) submit a claim with your name, birth date, address, insurance or social security number, diagnoses, and procedures performed to your health plan for payment; 2) submit PHI for coordination of benefit purposes; 3) respond to inquiries for purposes of obtaining payment.
- We may disclose PHI to other health care providers in connection with coordination of benefits or insurance eligibility.

**Examples of Uses and Disclosures to Operate the Carls Center***Authorization Not Required*

- We may mail you reminders of upcoming appointments.
- We may leave telephone messages asking that you return our call or reminding you of an appointment.
- We may use and disclose your PHI to audit billing processes and evaluate the quality of our services.
- We may share PHI with organizations that assess the quality of care that we provide, e.g., accreditation agencies.
- We may provide PHI to you as needed to supply you with information about your diagnosis or treatment.
- We may provide PHI to students as part of their training and educational programs.
- We may communicate with you about your treatment alternatives or other health related benefits and services.
- We may use your PHI to market our clinic services and goods, e.g.: to tell you about available therapy programs, hearing aids or rehabilitative programs. Other communications that are considered marketing require your authorization.
- We may use your PHI to contact you for fundraising purposes, but will always give you the opportunity to opt out of future fundraising communications.
- We may use your PHI to file reports required by law, e.g.: when abuse or neglect is suspected, when subpoenaed, etc.
- We may use your PHI if you pose a danger to yourself and/or others.

**YOUR RIGHTS**

You have the following rights regarding your PHI, and the Carls Center must generally act on your request within 60 days.

- You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to a requested restriction.
- You may restrict disclosures of PHI to a health plan with respect to healthcare for which you have paid out of pocket in full.
- You may request access to PHI in alternative communication format and/or location.
- You may request that you receive confidential communications of PHI.
- You may request to inspect and/or request a copy of your own PHI.
- You may request that your records be amended.
- You may request a copy of our Notice of Privacy Practices on paper or in an alternative format, e.g., electronic.
- You may revoke an authorization, except to the extent that we have taken action on it.

**OUR RESPONSIBILITIES**

- The law requires us to maintain the privacy and security of PHI.
- The law requires that we provide individuals with notice of our privacy practices.
- The law requires that we notify affected individuals of any breach of unsecured PHI.
- The law requires that we abide by the terms of the Notice of Privacy Practices and provide notice of revisions.

**QUESTIONS/CONCERNS**

For more information, or a copy of the entire Notice of Privacy Practices, contact the Privacy Officer, Carls Center for Clinical Care and Education, 1101 Health Professions Building, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3904 voice/TTY, or [https://www.cmich.edu/office\\_president/general\\_counsel/hipaa/Pages/default.aspx](https://www.cmich.edu/office_president/general_counsel/hipaa/Pages/default.aspx)

**COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a complaint in writing to: Central Michigan University HIPAA Complaint Officer, Office of General Counsel, Central Michigan University, Mount Pleasant, MI 48859, (989) 774-3971, or to the U.S. Department of Health and Human Services (<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>). No one will retaliate against you for filing a complaint.

Effective December 10, 2012, Revised September 23, 2013