

THE UNIVERSITY OF TEXAS AT DALLAS
INCLUDING THE CALLIER CENTER FOR COMMUNICATION DISORDERS
NOTICE OF PRIVACY PRACTICES
Revised Effective September 1, 2022

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW CAREFULLY

I. PURPOSE OF THIS NOTICE. This Notice of Privacy Practices (this “Notice”) describes the privacy practices of The University of Texas at Dallas (“University” or “UT Dallas”), which includes the Callier Center for Communication Disorders (“Center”) referred to collectively as “we” throughout this notice. Federal law requires the University to maintain this Notice of UT Dallas’s legal duties and privacy practices with respect to your medical information. Specifically, this Notice describes how we may use or disclose your medical information (*see* Section II), your rights concerning your medical information (*see* Section IV), how you may contact UT Dallas regarding these privacy policies (*see* Section VI), and our right to revise this Notice (*see* Section VII).

We will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your medical information occurring on or after the effective date written at the top of this page, even if we created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.

II. HOW WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION. We may use or disclose your medical information only as described in this Section II.

- A. Treatment.** We may disclose your medical information to a health care provider at the Callier Center for your medical treatment. We may disclose medical information about you to other healthcare providers who are involved in your care.
- B. Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Callier Center may be billed to and payment collected from you, an insurance company, a third party, or a State or Federal program. For example, we may need to file your health plan information about the treatment you received at the Center so your health insurance will pay us or reimburse you for services. We may also tell your health insurance about a treatment you are going to receive to obtain approval or to determine whether your plan will cover the treatment.
- C. Health Care Operations.** We may use or disclose your medical information as necessary to run the Callier Center and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services or to evaluate the performance of our staff’s care of you. We may also combine medical information about many Callier Center patients to decide what additional services the Callier Center should offer. We may also disclose information to students for review and learning purposes.
- D. Research Purposes.** We may use or release health information about you for research purposes. However, all research projects require a special approval process before they begin. This process may include asking for your authorization. In some instances, your health information may be used or released for a research purpose without your authorization.
- E. Limited Data Set.** We may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.
- F. Required by Law.** We will use or disclose your medical information if a federal, state, or local law requires us to do so.
- G. Required by Military Authority.** If you are a member of the Armed Forces or a foreign military, we may use or disclose your medical information if the appropriate military authorities require us to do so.
- H. Serious Threat to Health or Safety.** We may use or disclose your medical information, if necessary, because of a serious threat to someone’s health or safety.
- I. Disclosure to You.** We may disclose your medical information to you or to a third party to whom you request in writing to disclose your medical information. We may use and disclose medical information to contact you with a reminder that you have an appointment for services at the Callier Center.

- J. **Disclosures to Individuals Involved with Your Health Care.** We may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. We may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your health care or payment for your health care.
- K. **Disclosures to Business Associates.** We may contract or otherwise arrange with other entities or UT Dallas offices to perform services on behalf of the Callier Center. We may then disclose your medical information to these "Business Associates," and these Business Associates will use or disclose your medical information only to the extent that we would be able to do so under the terms of this Section II. These Business Associates are also required to comply with federal law that regulates your medical information privacy.
- L. **Other Disclosures.** We may also disclose your medical information to:
- Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
 - Law enforcement officials if they need the information to investigate a crime or to identify or locate a suspect, fugitive, material witness, or missing person;
 - Health oversight agencies, if authorized by law, in order to monitor the health care system, government benefit programs, or compliance with civil rights laws;
 - Persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects;
 - Persons authorized by law to receive the information under a court order, subpoena, discovery request, warrant, summons, or similar process;
 - Persons who need the information to comply with workers' compensation laws or similar programs providing benefits for work-related injuries or illnesses;
 - Governmental agencies authorized to receive reports of abuse if you are a victim of abuse, neglect, or domestic violence;
 - Coroners or medical examiners, after your death, to identify you, to determine your cause of death, or as otherwise authorized by law;
 - Funeral directors, after your death, who need the information;
- M. The Secretary of Health and Human Services, a federal agency that investigates compliance with federal privacy law.
- N. **Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Section II may occur notwithstanding UT Dallas' reasonable safeguards to limit such incidental uses and disclosures.
- O. **Written Authorization.** We may use or disclose your medical information under circumstances that are not described above only if you provide permission by "written authorization." After you provide written authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Privacy Officer identified in Section VI of this Notice. If you revoke an authorization, we will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, we cannot take back any disclosures already made under that authorization.
- P. **Voicemail.** Voicemail left for Callier Center personnel may be forwarded and/or transcribed to the employee's UT Dallas email account. Access to UT Dallas email accounts is subject to UT Dallas policy, including UT Dallas Information Security policies, as applicable.

III. RESTRICTIONS

- A. We may use certain information (name, address, telephone number or e-mail address, age, date of birth, gender, health insurance status, dates of service, treating provider, department of service information, or outcome information) to contact you for the purpose of raising money for the Callier Center/UT Dallas. However, you have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs we provide to the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at the Callier Center.

- B. We will never use your medical information for marketing purposes without your signed authorization. “Marketing” does not include face-to-face communications with you, or any communications for which we receive no remuneration such as treatment plans, alternatives to treatment, case management, or value-added services provided in connection with treatment, and other purposes related to treatment and health care operations. “Marketing” also does not include promotional gifts of nominal value provided by the Callier Center.
- C. We do not sell your medical information.
- D. Unless required by a specific state or federal law, we will not disclose any psychotherapy notes we maintain about you.

IV. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION. You have the following rights associated with your medical information:

- A. **Right to Request Restrictions.** Although we are generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that we limit those uses and disclosures of medical information. You must make your request in writing to the Privacy Officer. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on disclosures, and (4) if your request would affect payment, how payment will be handled.

We will consider your request, but do not have to agree to it, unless you pay for a service or health care item out-of-pocket in full. You can request that we do not share that information for the purpose of payment or our operations with your health insurer, and we will agree, unless a law requires us to disclose it. We can cancel the agreement if you fail to pay the entire amount out-of-pocket.

If we do agree to any restriction, we will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or we cancel the restriction. There is a form you may use to make this request that is available on the Callier Center website or by contacting the Privacy Officer.

- B. **Right to Confidential Communications.** You have the right to request that we communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to the Privacy Officer. Your request must include the method or location desired. If your request would affect payment, you must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you. There is a form you may use to make this request that is available on the Callier Center website or by contacting the Privacy Officer.
- C. **Right to Inspect and Copy.** You have the right, in most cases, to inspect and copy your medical information maintained by or for the Callier Center. You must make your request in writing to the Privacy Officer. If we deny your request, you may have the right to have the denial reviewed by a licensed health care professional selected by UT Dallas. If we (or a licensed health care professional performing the review on behalf of UT Dallas) grant your request, we will provide you with the requested access. You may request copies of such information, but we may charge you a reasonable fee. There is a form you may use to make this request that is available on the Callier Center website or by contacting the Privacy Officer.
- D. **Right to Amend.** If you feel that medical information that the Callier Center has about you is incorrect or incomplete, you may ask UT Dallas to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Callier Center. You must make your request in writing to the Privacy Officer, and you must give a reason that supports your request. If we deny your request for an amendment, we will explain the reasons for denial and your rights to appeal following denial. There is a form you may use to make this request that is available on the Callier Center website or by contacting the Privacy Officer.
- E. **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your medical information that have been made by Callier Center and its Business Associates. We do not have to list the following disclosures:

- Disclosures for treatment;
- Disclosures for payment;
- Disclosures for health care operations;
- Disclosures of a limited data set for health care operations, research, or public health activities;
- Disclosures to you;
- Disclosures to individuals involved with your health care;
- Disclosures to authorized federal officials for national security activities;
- Disclosures that occur incidentally with other permissible uses and disclosures;
- Disclosures made under your written authorization; and
- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.

You must make your request in writing to the Privacy Officer. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request. We may charge you a fee for the list of disclosures, if you request more than one list within 12 months. There is a form you can use to make this request that is available on the Callier Center website or by contacting the Privacy Officer.

F. **Right to Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with UT Dallas' Privacy Officer or with the federal government's Department of Health and Human Services. We will not penalize you or retaliate against you in any way if you file a complaint or exercise your privacy rights under the law.

G. **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Privacy Officer or the front office receptionist.

H. **BREACH NOTIFICATIONS.** UT Dallas makes every effort to secure your health information, including the use of encryption whenever possible. In the event that any of your medical information that has not been encrypted is the subject of a breach, we will provide you with a written or electronic notice about the breach as required by federal law.

V. WHOM TO CONTACT REGARDING UT DALLAS/CALLIER CENTER'S PRIVACY POLICIES.

A. **UT Dallas/Callier Center's Privacy Officer.** To obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, contact the HIPAA Privacy Officer at:

Phone: 972-883-3009

Email: HIPAAPrivacyOfficer@utdallas.edu

Mail: 1966 Inwood Road, Dallas, TX 75235

B. **Department of Health and Human Services.** To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at 1-800-368-1019, by electronic mail at (ocrmail@hhs.gov), or by regular mail addressed to: Regional Manager, Region IV, Office of Civil Rights, US Department of Health and Human Services, 1301 Young Street, Dallas, TX 75202, 214-767-4056 or TDD 214-767-8940.

C. **Electronic Copy of This Notice.** You may obtain an electronic copy of the most current version of this Notice at the following website: www.callier.utdallas.edu

VI. **UT DALLAS' RIGHT TO REVISE THIS NOTICE.** We reserve the right to change the terms of this Notice and make the revised or changed notice effective for medical information we maintain. We will post copies of the current Notice in all Callier Center locations where you receive care. The effective date of the notice is contained on the first page.