



**Saint Xavier**  
UNIVERSITY

Ludden Speech and Language Clinic

**Chicago Campus**

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**Notice of Privacy Policy and Insurance Information Practices  
Of the Ludden Speech and Language Clinic at Saint Xavier University**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES OUR POLICIES AND PRACTICES WITH REGARD TO COLLECTING AND DISCLOSING PERSONAL HEALTH INFORMATION ABOUT OUR CLIENTS AND FORMER CLIENTS AND HOW YOU MAY OBTAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

**A. Our Commitment to Your Privacy**

The Ludden Speech and Language Clinic is dedicated to maintaining the privacy of your Personal Health Information. In providing speech and language services to you, we create records regarding you and the diagnostic and treatment of services that we provide. We include information that you submit or agree for us to obtain from other health care providers and facilities. We maintain appropriate physical, electronic and procedural safeguards to maintain the confidentiality and security of all the nonpublic personal health information that is contained in our records. We restrict access to the nonpublic personal health information that is contained in our records to academic and clinical faculty in the Department of Communication Sciences and Disorders, undergraduate and graduate students majoring in Communication Sciences and Disorders and/or related fields, and the office manager and other clerical staff in this Department.

**The terms of this notice apply to all records containing nonpublic personal health information created or retained by this clinic. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that this clinic has created or maintained in the past, and for any of your records that we may create or maintain in the future. This clinic will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time.**

**B. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE FOLLOWING WAYS:**

- 1. Treatment:** Our clinic may use your individually identifiable health information to provide, coordinate and manage your speech and language services. For example, we may collect data during initial evaluations and re-evaluations and assemble that data in written evaluation reports in order to make appropriate recommendations about your speech and language treatment. We may also keep daily logs on your progress during individual clinical sessions and then use that data to plan future treatment goals and procedures. We may write summary reports at the end of a semester to assess progress and to communicate your speech and

language status to other student clinicians.

2. **Student Training:** Because we are an educational facility, we may use your information to allow for completion of class assignments or projects used for the training of undergraduate and graduate students. We may also use your information to train students during observation of clinical sessions.
3. **Research:** We may use your information to conduct systematic investigation of speech and language issues for the purpose of developing or contributing to generalizable knowledge. When we use your personal health information for research purposes, we will obtain your written consent except when the Internal Review Board (IRB) of Saint Xavier University has determined the following: 1) The use or disclosure involves no more than a minimal risk to your privacy; 2) The research could not be conducted without the waiver; and 3) The research could not practicably be conducted without access and use of the personal health information.
4. **Health Care Operations:** The clinic may use and disclose health care information for general operations. For example, the clinic may use personal health information to evaluate the quality of speech and language services, to conduct cost management activities or to conduct management and administrative activities.

Under Illinois and federal law, information may be disclosed without your consent in the following circumstances:

1. **Emergencies:** Sufficient information may be shared to address immediate emergencies.
2. **Follow-up Appointments/Care:** The clinic may contact you to arrange or remind you about future appointments.
3. **As Required By Law:** This would include situations in which the clinic receives a subpoena or court order or is mandated to provide personal health information, and in cases of child abuse or neglect.
4. **Governmental Requirement:** The clinic may disclose health information to health oversight agencies for activities required by law, such as audits, investigations, licensure, accreditation and inspections.
5. **Criminal Activity or Danger to Others:** If a crime is committed on our premises or against our personnel, we may share information with law enforcement officials in order to apprehend a criminal. We may also involve law enforcement officials when we believe an immediate danger to someone may occur.

## **C. OUR RESPONSIBILITIES:**

1. Maintain the privacy of your protected health information (PHI).
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you have to communicate health information by alternative means or at alternative locations.

## **D. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION:**

- 1. Inspection and Copies of your Personal Health Information:** You have the right to inspect and obtain a copy of the records that our clinic has generated about you. You must submit a request in writing prior to inspecting or obtaining a copy of this information. We may charge you a reasonable fee for the copying, labor and supplies associated with this request.
- 2. Release of Records:** You may consent in writing for the release of your records to others for any purpose you choose. This could include other healthcare professionals, your attorney, your employer or school district. You may revoke this consent at any time, but only to the extent that no action has been taken in reliance on your previous authorization.
- 3. Restriction on Record:** You may ask us not to use or disclose part of your clinical record. This request must be made in writing. The clinic is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. This request should be given to the clinic director.
- 4. Confidential Communications:** You may request an alternative means or location for receiving communications of protected health information. For example, you may request that the clinic communicate with you through an alternate address or phone number. This request must be made in writing. The clinic will accommodate reasonable requests.
- 5. Amending the Record:** If you believe that something on your record is inaccurate or incomplete, you may request that the record be amended. This request must be made in writing. In certain cases, this request may be denied. If the request is denied, you have the right to submit a statement of disagreement and that statement will be added to your record along with our personal response.
- 6. Accounting for Disclosures:** You may request an accounting of any disclosures we have made regarding your medical information, except for the following: 1) Information that we used for treatment, educational purposes, research approved by the University IRB, payment or healthcare operations; 2) Information that we shared with you or your family; or 3) Information that you gave us specific consent to release. To receive information regarding disclosures, you must submit a written request. The maximum disclosure accounting period is six years immediately preceding the request.
- 7. Paper Copy of This Notice:** You are entitled to receive a paper copy of our Notice of Privacy Practices at any time upon request.
- 8. Complaints:** If you believe that your privacy has been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Resources for the Security Office.