



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.

NU STUDENTS

If you are a student of Northwestern University, we will maintain your medical information in accordance with the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g ("FERPA"). FERPA contains a right of access, subject to certain limitations, and restrictions on disclosure. Please refer to your Student Handbook and to the Office of the Registrar's website, <http://www.registrar.northwestern.edu/ferpa/>, for detailed information about Northwestern University's FERPA policies. In addition to FERPA, we will also maintain your medical information in accordance with applicable Illinois law, including but not limited to: the Illinois Speech-Language Pathology and Audiology Practice Act and the rules promulgated thereunder, the Illinois Code of Civil Procedure, the Illinois Mental Health and Developmental Disabilities Code and the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

PATIENTS (OTHER THAN NU STUDENTS)

Northwestern University ("NU") Department of Communication Sciences and Disorders is one of the health care components of NU. NU is a not-for-profit teaching and research institution. The Department operates five clinics: (i) Hearing Clinic, (ii) Speech and Language Clinic, (iii) Learning Disabilities Clinic, (iv) Audiology Service and (v) Voice, Speech and Language Service and Swallowing Center. All services provided at the clinics are overseen and supervised by Northwestern University faculty who are licensed health care professionals. Students of NU participate in clinical care as part of their education and training. This Notice applies to the information practices of the Department and its staff, faculty and students.

We are committed to protecting your medical information. We maintain records of services provided for your care and treatment. This Notice describes how we may use and disclose your medical information contained in these records. We are required by law to:

- Maintain the privacy of your medical information;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of this Notice or the current notice in effect.

This Notice is effective April 14, 2003. This Notice will remain in effect until we amend or replace it. We reserve the right to amend or replace this Notice at any time, and to apply the terms of the revised notice to all medical information that we maintain. All such amendments or revised notices will be in accordance with applicable law. You may obtain a copy of the current notice on our website, <http://www.communication.northwestern.edu/>, or by contacting our Privacy Officer. Our Privacy Officer's contact information is listed at the end of this Notice.

Uses and Disclosures of Medical information

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures, we explain what we mean and give some examples. Not every use or disclosure is listed. However, every use or disclosure falls into one of these categories. Also, in some cases Illinois law may limit us from disclosing special types of medical information. For example, Illinois law generally requires that we get your permission before disclosing mental health, alcohol/drug use and abuse, and HIV/AIDS information.

Effective Date of this Notice: April 14, 2003

Treatment

We may use your medical information to provide health care services to you. We may disclose your medical information to other health care providers who are involved in your care, such as NU faculty, staff and students, and outside providers. For example, we may disclose your medical information to a health care provider to whom we have referred you for other health care services. We will also comply with the requirements of those Illinois laws that limit the use and disclosure of certain medical information even with regard to treatment activities. For example, we will not use or disclose any information regarding your mental health or developmental disabilities information without your express authorization, except as otherwise permitted by those laws regulating the use and disclosure of such information.

Payment

We may use and disclose your medical information so that the treatment and services we provide may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the services you received so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover the services

Health Care Operations

We may use and disclose your medical information for our operations purposes. These uses and disclosures are necessary to run the clinics and to make sure that all of our clients receive quality care. For example, clinic personnel may use or disclose your medical information to review the quality of our services and to evaluate the performance of the individuals caring for you. We also may combine your medical information with that of other clients to determine whether additional services should be offered, what services are no longer needed, and whether certain new services are effective. We also may use and disclose to other NU personnel your responses to patient satisfaction surveys in order to improve our services to future clients. We may perform, publish and distribute statistical analyses of such survey results, including your comments, after removing all identifying information from the materials. We may also use and disclose your medical information to comply with applicable law, for contractual obligations, claims, disputes, legal services, business planning and development, business management and administration, the sale of the clinics to another entity, and underwriting and other insurance activities.

The CSD clinics serve as sites for CSD educational and training programs. Students, including providers, program participants and observers, faculty and staff may use and disclose your medical information for education and teaching programs in accordance with policies and procedures establishing the confidentiality of your medical information.

We also may use or disclose your medical information for limited operations purposes of certain other health care providers, clearinghouses or health plans. The persons and entities to which clinic personnel may disclose your medical information must have or have had a treatment relationship with you, and the medical information disclosed must pertain to that relationship. The operations purposes for which we may disclose your medical information include, but are not limited to, various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

As part of our health care operations, we may disclose medical information about you to other departments of NU and vendors so that these departments and vendors may provide certain services on our behalf. Examples of such departments include information technology and legal services. Examples of such vendors include medical record copying services, attorneys, auditors, information technology support personnel and utilization review companies. To protect your medical information disclosed to these departments and vendors, we enter into agreements with the departments and vendors. These agreements require that the departments and vendors restrict their uses and disclosures of your medical information to the purposes of the disclosure, among other limited permitted uses and disclosures.

Family and Friends

We may disclose medical information about you to a family member, other relative, close personal friend or any other person you identify who is involved in your medical care. We

also may disclose information to someone who helps pay for your care. The medical information disclosed will be limited to that information relevant to the person's involvement in your care or payment related to your care. If you do not want information disclosed to certain persons, regardless of their involvement in your care, please notify our Privacy Officer. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest.

Appointment Reminders We may use and disclose certain medical information about you, including your name, address and telephone number, to contact you to remind you that you have a scheduled appointment.

Treatment Alternatives We may use and disclose certain medical information about you, including diagnosis and treatment, to describe or recommend treatment alternatives.

Health Products and Services We may use and disclose certain medical information about you, including your name, address, telephone number, diagnosis and treatment to send you information about services that may be of benefit or interest to you.

Research NU is a teaching and research institution. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the outcomes of all patients who received one course of treatment to those who received another course of treatment for the same diagnosis. All research projects, however, are subject to a special approval process conducted by NU's Institutional Review Board ("IRB"). Before we use or disclose medical information for research, the project will have been approved through NU's IRB. We may, however, disclose your medical information to researchers preparing a research protocol to help them look for patients with specific medical needs, so long as the medical information they review does not leave the clinics.

Limited Data Set We may use or disclose a limited data set of your medical information (*i.e.*, a subset of your medical information in which at least all facially identifying information has been removed) for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to safeguard your information appropriately.

Fundraising NU may use basic contact information about you, such as your name, address, phone number, and dates of service, to send you information about charitable contribution opportunities on behalf of NU. If you do not want NU to send you such information, please contact NU's Office of University Development in writing at 2020 Ridge Avenue, Evanston, Illinois 60208-4307 or annual-giving@northwestern.edu.

Authorized or Required By Law We may disclose medical information as authorized or required by law, including in the following circumstances:

Public Health Disclosures We may disclose medical information about you for public health purposes, including:

- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with health-related products;
- To notify people of recalls of products they may be using;
- As permitted by State law, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence.

Health Oversight We may disclose medical information about you to health oversight agencies for activities authorized by law. These activities include, for

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| Activities | example, audits, investigations, inspections and licensure. These activities are necessary for government to monitor the health care system, governmental programs and civil rights laws. |
| Legal Proceedings | We may disclose medical information about you in response to a subpoena, discovery request or other lawful order from a court. |
| Law Enforcement | We may release medical information about you if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law. |
| Health or Safety | We may disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent or avert the threat. |
| Military and Veterans | If you are a member of the armed forces, we may release medical information about you as required by military command authorities. |
| Inmates | If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official as necessary (1) for the institution to provide you with care; (2) to protect your health and safety or the health or safety of others; or (3) for the safety or security of the correctional institution. |
| Worker's Compensation | We may use or disclose medical information about you for worker's compensation programs as authorized or required by law. |
| Disaster Relief | We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. |

With Your Written Authorization

Uses and disclosures of your medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided you.

Your Individual Rights Regarding Your Medical information

Access

You have the right to inspect and copy certain of your medical information. Generally, this includes medical and billing records, but does not include psychotherapy notes. To inspect such records, you must submit your request in writing to our Privacy Officer. If you request a copy of your records, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Illinois law establishes the maximum fee that we may charge. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by sending your request to our Privacy Officer. We will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Accounting

You have the right to request and receive an accounting of disclosures of your medical information that we have made in the six years prior to the request date, or during the period between the request date and April 14, 2003, whichever is more recent. Such an accounting will not include disclosures made by us to carry out treatment, payment or health care operations; disclosures to notify persons involved in your care; to ensure national security; to

comply with the authorized requests of law enforcement; or to inform you of the content of your medical records. Any accounting also will not include disclosures that you expressly authorize. The first accounting that you request within any 12-month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. If you would like more information on how to exercise these rights, please contact our Privacy Officer.

Amendment If you believe the medical information we have about you is incomplete or incorrect, you have the right to request that we amend the medical information contained within your medical record. To request an amendment, you must send your request in writing to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical record maintained by us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Confidential Communications You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We reserve the right to condition your request on the receipt of information regarding how you desire us to obtain payment for services rendered, and/or on the availability of an alternative address or method of contact that you request. You must make your request for confidential communications in writing and send this request to our Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you for the reason for your request, and will accommodate all reasonable requests.

Paper Copy You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this notice at our website, <http://www.communication.northwestern.edu/>, or by contacting our Privacy Officer.

Restrictions You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment or health care operations purposes. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular service you received. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed for emergency purposes. You must make your request in writing and submit it to our Privacy Officer. The request must state: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Questions and Complaints

If you believe that we have violated your privacy rights, you may file a complaint with us or with Secretary of the Department of Health and Human Services (“HHS”). We will not retaliate against you for filing a complaint. To file a complaint with us, please contact our Privacy Officer. We will not retaliate against you for filing a complaint. To file a complaint with HHS, please contact: Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. P: 312/886-2359. F: 312/886-1807. TDD: 312/ 353-5693.

Privacy Officer Contact Information

BARBARA J. O'KEEFE
PRIVACY OFFICER
NORTHWESTERN UNIVERSITY
SCHOOL OF COMMUNICATION
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
FRANCES SEARLE BUILDING
2240 CAMPUS DRIVE
EVANSTON, IL 60208
TELEPHONE: 847/491-7023
E-MAIL: b-okeefe@northwestern.edu

Please sign and date the following and return this page to the Northwestern University, School of Communication, Communication Sciences and Disorders, clinic at which you are a client.

Acknowledgement of Receipt of Notice

I acknowledge that I have received the Northwestern University Notice of Privacy Practices dated April 14, 2003.

Signature: _____

Name: _____

Date: _____