Hearing Health Services

Notice of Privacy Practices

This Privacy Notice is required by the Privacy Regulations stemming from the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Privacy Notice explains to you, a patient of this practice, how your medical information may be used and disclosed, and how you can get access to your medical information.

This practice is determined to protect the privacy of your medical information. In order to provide you with quality care and service, as well as comply with the law we must create a medical record for you and document the care and services you receive at this practice. Federal law requires us to ensure the confidentiality of your medical information. We also describe your rights, as well as our obligations, regarding the use and disclosure of medical information.

What the law requires us to do

- Keep your protected information private
- Give you this notice
- Follow the terms of this notice

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this notice by calling and asking for it.

Use and disclosure of your medical information

For treatment:

- We may use your health information to provide you with medical treatment or servicers, such as sharing medical data with another provider, making referrals, and placing lab and prescription orders.
- We may also provide information to others providing your care. This will help them stay informed about your care.

For payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, procedures performed, or recommended care.

For Health care operations:

- We may use your medical records to assess quality and improve services.

Additional uses and disclosures

- *Notification of family and others who are involved in your medical care-* We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment.
- *Disaster relief* – We may share medical information with a public or private organization or person who can legally assist disaster relief efforts.
- *Research in limited circumstances* – Only if research has been approved and has policies to protect the privacy of your health information. We may share information with medical researchers preparing to conduct a research project.

- *Funeral director, coroner, medical examiner* – To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director or an organ procurement organization.
- *Specialized military personnel functions* – Your medical information may be disclosed if you are military personnel, either active status or a veteran, and if required by the appropriate authorities.
- *Public health activities* – Your medical information may be disclosed if required to do so by public health or law enforcement official whose job is to prevent or control disease, injury or disability. Your medical information may also be disclosed to a person from the Food and Drug Administration for the purposes of reporting adverse effects stemming from product defects or problems, to enable product recalls, repairs or replacements, or to conduct activities required by the Food and Drug Administration.
- *Personal health and safety* - Your medical information may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of another individual or the public. The information will be disclosed only to a person or organization able to prevent the threat.
- *Workers Compensation* - Your medical information may be disclosed when necessary to comply with the laws for the Workers Compensation Program.
- *Law Enforcement* – Your health information may be disclosed in response to a court or administrative order in a lawsuit or similar proceeding.

Your health information rights

You have the right to:

- Look at or get copies of your medical records on file. You have the right to receive a copy of the Privacy Notice. To receive a copy, please notify the receptionist or your audiologist
- Receive a list of all the times we shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request that we place additional restrictions on our use or disclosure of your medical information.
- We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- Request that we communicate our medical information to you by different means or a different location must be made in writing.
- Ask to change your health information if you think it is incomplete or inaccurate. The request must be made in writing. If, however the hearing care professional finds that the patient's health information is complete and accurate, he/she can refuse to make the requested changes.
- If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing.

To ask for help or make a complaint

- If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact our Privacy Officer at (360) 679-1423. You may also deliver a written complaint. In addition, you may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.