

Notice of Privacy Practices – HIPAA Form

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information, and to inform you about our privacy policy by providing you with the Notice. We must follow the privacy as described below. This Notice will take effect on 4/14/2003, and remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Any changes to this Notice will be made available upon request. We reserve the right to make changes in our privacy practices and to new terms of our Notice effective for all health information maintained, created, and obtained by us before the date that changes were made.

YOU MAY REQUEST A COPY OF YOUR PRIVACY NOTICE AT ANY TIME BY CONTACTING OUR PRIVACY OFFICER. INFORMATION FOR CONTACTING US CAN BE FOUND AT THE END OF THIS NOTICE.

Typical Uses and Disclosures of Health Information

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff member access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your health care information with other healthcare professionals who provided treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health care information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide you. This disclosure involves our business staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, assist in the notification of a family member, or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition, or death. Under emergency conditions or if you are incapacitated, we will use our professional judgment or disclose information directly relevant to your care. We will also use our best judgment to make reasonable inferences in your best interest by allowing someone to pick up your hearing aids or similar forms of health information and supplies, unless you advise us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples: personnel who may have access to this information included, but are not limited to, our medical staff, management reviewers, and individuals performing similar activities.

Required by Law: We may use or disclose your health information when required by law to do so (Court order, administrative orders, subpoena, discovery request, or other lawful process). We will use and disclose your information when requested by national security, intelligence, and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or possible victim of other crimes. This information will only be disclosed and only to the extent necessary to prevent a serious threat to your safety and health or that of another.

Public Health Responsibilities: We will disclose your healthcare information to report problems with products, reactions to medications, product recalls, disease/ infection exposure and to prevent and control disease, injury and/or disaster.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including but not limited to voicemail messages, postcards, or letters.

Access: You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of or use in civil, criminal, or administrative action or proceeding, and protect health information that is subject to law that prohibits access to protected health information.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-Routine Disclosure: You have the right to receive a list of non-routine disclosures we have made of your healthcare information (When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of routine disclosures therefore, these are not available). You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment, or healthcare operations. You can request non-routine disclosures going back five years. Information prior to five years would not have to be released.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergencies). Please contact our Privacy Officer if you want further restrictive access to your healthcare information. This request must be in writing.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to the Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding access to your health information, you can contact our Privacy Officer to request a Complaint form.

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ACKNOWLEDGEMENT OF PRIVACY NOTICE

I hereby acknowledge that I have received a copy of New Jersey Audiology Notice of Privacy Practices which discloses in detail my rights and New Jersey Audiology's legal duties with respect to uses and disclosures of my protected health information.

Patient Signature _____

Print Patient Name _____

Date _____

Signature of Legal Representative (POA, etc.) _____

Print Legal Representative Name _____

Date _____

DESIGNATION OF ASSIGNED PERSON(S)

I hereby authorize New Jersey Audiology to disclose my health information (including chart notes, medical records, billing statements, diagnosis, progress notes, and test results) to the Assigned Person(s) below. This assignment is effective from the date specified below forwards, until I rescind this assignment.

Patient Signature _____

Print Name of Assigned Person _____

Date _____