

**Fine Hearing Care
2801 S. Bryant
Edmond, OK 73013
(405) 340-9191**

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

We respect our legal obligation to keep health information private that identifies you. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

HOW THIS AUDIOLOGY PRACTICE MAY USE OR DISCLOSE YOUR CLINICAL INFORMATION

Treatment: We will use your clinical information for the purpose of evaluating your hearing, assisting in diagnosing medical conditions, and prescribing appropriate hearing instruments. We may disclose your clinical information to other audiologists, doctors, technicians, or other members of our staff who are involved in taking care of you or to other healthcare professionals for additional treatment or follow up care such as home health services.

Payment: We may use and disclose your information to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

Health Care Options:

We may use and disclose your clinical information as necessary to support the day-to-day activities and management of Fine Hearing Care.

Appointment Reminders:

We may use and disclose your clinical information to remind you about appointments.

Notification and Communications with Family:

We may disclose your clinical information to notify or assist notifying a family member, or another person who is involved in your care unless you ask us not to.

With Your Authorization:

We may disclose your clinical information for purposes not described in this notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, in writing, but only as to future disclosures, and only where we have not already acted in reliance on your authorization. Revocations should be delivered to our Privacy Officer.

Required by Law:

We may use and disclose your clinical information when required to do so by law, but only to the extent and under the circumstances provided in that law.

Law Enforcement:

Your clinical information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may disclose clinical information in response to a court administrative order. We may also disclose clinical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information reporting.

Public Health and Safety:

Your clinical information may be disclosed to appropriate persons in order to prevent a serious and imminent threat to you or to the health and safety of a particular person or the general public. By Oklahoma law we are required to notify you that your clinical information used or disclosed as described in this **Notice of Privacy Practices** may include records which may indicate the presence of a communicable disease.

Additional Disclosures:

Your clinical information may also be released for the following purposes:

- Disclosure for health oversight activities (licensing of doctors, audits for Medicare or Medicaid, or for investigation of possible violations of health care laws).
- Disclosure to a medical examiner or coroner to identify a deceased person or to determine the cause of death, or to a funeral director to aid in burial, or to organizations that handle organ tissue donations.
- Disclosures for health related research.
- Disclosures for worker's compensation programs.
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right:

- To receive a paper copy of this **Notice of Privacy Practices**.
- To request restrictions on certain uses and disclosures of your clinical information by written request.
- To review and obtain a copy of your clinical information, with limited exceptions defined by law. A reasonable fee may be charged for making copies. Under Oklahoma law, a fee of twenty-five (25) cents per page plus postage is allowed.
- To request that we amend your clinical information that you believe is inaccurate or incomplete. Your request must be in writing and include the reasons you believe the information is inaccurate or incomplete. If we agree, we will amend the information within sixty (60) days from when you ask us.
- To receive an accounting of disclosures made of your clinical information by this Audiology practice unless the disclosures were for purposes of treatment, payment, health care operations, certain government functions, or pursuant to your written authorization.