

Hearing DOCTORS of Ohio

Notice of Privacy Practices

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.

We believe your medical information should remain confidential. The law requires us to establish office policies that are designed to safeguard your Private Health Information (PHI). The information in this notice constitutes our promise to you and describes our use of your health information.

We will use and disclose your health information for purposes of treatment, payment and/or healthcare operations.

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a provider with a third party, consultation between healthcare providers relating to a patient; or the referral of a patient for health care from one health care provider to another. *For example: a consultation follow up letter from a specialist to your primary care physician would be medical information maintained for treatment purposes.*

Payment means activities undertaken by a covered health care provider or health plan to obtain or provide reimbursement for the provision of health care. *For example, medical information furnished to your insurance company so that we may be paid for our services is considered information maintained for payment services.*

Healthcare operations: We are permitted by law to use your health information to perform our regular health care operations. *For example, we may use your health information to assess the quality of care we provide in order to maintain our standards.*

We are permitted or required to disclose health information about you, without your authorization in the following circumstances:

- As required by law so long as it is limited to relevant requirements of such law.
- Health oversight activities, including audits, investigations, proceedings or actions, inspections, licensure or disciplinary actions.
- To any individual when ordered by a court or other legal process to do so.
- Research, provided the federal regulations governing research activities that insure the privacy of your health information are met.
- Workers' compensation to the extent necessary to comply with applicable laws.
- Marketing, for purposes of appointment reminders, treatment alternatives, or other related benefits and services that may be of interest to you.

Any uses or disclosures other than those noted above require us to obtain your written authorization, which you may revoke at any time. Any such revocation must be in writing.

You have the following rights with respect to your health information:

- The right to request restrictions on certain uses of your health information, however we are not required to agree with your request.
- The right to request, in writing, the manner or method by which we may contact you to furnish confidential communications about your health information. You are obligated to notify us, in writing, of any changes to your request.
- The right to receive an accounting of disclosures of your health information, except those related to treatment, payment or health operations,
- The right to receive a copy of this notice in writing.

We have the following obligations:

- We are required by law to maintain the privacy of your health information, and we are required to provide you with a notice of our legal duties and privacy practices.
- We are required to abide the terms of the notice.
- We are required to advise you of any changes we make in the terms of our notice of privacy practices. If any changes are made to notice of privacy practices, we will post the revised notice and make a copy of it available upon request.

Complaints:

If you believe we have violated your privacy rights, you may file a written complaint to our privacy officer and/or to the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our privacy officer at 734-241-4080 or write to Audiology Associates, Inc, 214 E Elm, Suite 111, Monroe, MI 48162. Finally, you may wish to contact the federal agency in charge of enforcing patients' privacy rights. That address is: Office for Civil Rights, U.S. Department of Health and Human Services, 20 Independence Ave., A.W., Room 509FG, HHS Building, Washington, D.C. 20201

Hearing DOCTORS of Ohio

7251 Engle Rd. Suite 110
Middleburg Hts., OH 44130
440-234-5515

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of the *Hearing DOCTORS of Ohio* Privacy Practices. I have read about the use and disclosure of my health information and other concerns regarding my health information.

Signature of Patient (or Personal Representative)

Date

Printed Name of Patient

Printed Name of Personal Representative (if applicable)

The NPP was provided to _____, however he/she didn't acknowledge receipt for the following reason:

- Refused
- Didn't understand
- Other _____

Staff signature and date