

## Our Responsibilities

Hearing Services Limited is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## Understanding Your Health Record/Information

Each time you visit Hearing Services Limited, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or audiologic record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical or audiological research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## Examples of Disclosures for Treatment, Payment and Health Operations

### We will use your health information for treatment.

**Example:** Information obtained by an audiologist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your audiologist will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the audiologist will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that may assist him or her in treating you.

### We will use your health information for payment.

**Example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and medical equipment and supplies used.

### We will use your health information for regular health operations.

**Example:** Members of the audiologic staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Business associates:** There are some services provided in our organization through contacts with business associates. An example is a hearing aid manufacturer. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. This may include but is not limited to a patient education newsletter, information about your current treatment, and information about new services or products available at Hearing Services Limited. This may also include advertising and special pricing offers. You have the right to decline this service and need only contact us with your request. This does not apply to advertising we may address to the general public using commercially available mailing lists. We do not sell your name to third-party advertisers.

**FDA:** We may disclose to the Food and Drug Administration (FDA) health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## For More Information and to File a Complaint

If you have a question or would like more information, you may contact our Privacy Officer at 262-547-2227. If you believe your privacy rights have been violated, you may file a written complaint with our privacy office and with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation for filing a complaint with either our Privacy Officer or the Office for Civil Rights. This notice was published and became effective on April 14, 2003. Revised June 1, 2003.

## Your Rights Regarding Information About Your Health

You have the following rights regarding the health information we maintain about you, which you may exercise by submitting your request in writing to Hearing Services Limited, Attention: Privacy Officer, N4W22370 Bluemound Rd., Waukesha, WI 53186-1683. Call us at 262-547-2227 for assistance.

- **Right to Revoke Authorization:** You may revoke your authorization that allows us to use or disclose health information that is not otherwise covered by this notice or applicable law in writing at any time *except*: when the authorization was obtained as a condition of obtaining insurance; during the contestable period; or to the extent that we have taken action in reliance on your written authorization. You understand we are unable to take back any disclosures we have already made with your authorization and that we may retain documents that may contain information about your health.

- **Right to Request Restrictions:** You have a right to request a restriction on the information about your health that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about your health to someone who is involved in your care or the payment for your care, like a family member. In your request, you must tell us: the information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to your requested restriction or limitation.

- **Right to Request Confidential Communications:** If you could be endangered by our normal communication channels, you have the right to request that we communicate information about your health to you by alternative means or at an alternative location. We will ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Inspect and Copy:** You have a right to inspect and copy information about your health that we maintain. Usually, this includes medical and billing records. Under Federal law, this right does not include psychotherapy notes or information about your health compiled in reasonable anticipation of litigation, administrative action, or administrative proceeding. If you request a copy of this information, we may charge a standard fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances, such as where disclosure would reasonably endanger the life or physical safety of you or another person. If you are denied access to information about your health, you may request that the denial be reviewed.

- **Right to Amend:** If you believe the information we have about your health is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept by or for us. 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 information about your health kept by or for us, is not part of the information about your health that you would be permitted to inspect and copy, or is accurate and complete.

- **Right to Request an Accounting:** You have the right to receive an accounting of certain disclosures of information about your health that we made, if any. This right applies to disclosures for purposes other than treatment, payment, health care operations or as otherwise permitted or required by law. You have a right to receive specific information about these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- **Right to a Copy of This Notice:** You have the right to obtain a copy of this notice at any time.

## Our Duties Regarding Information About Your Health

We are required by law to:

- Maintain the privacy of information about your health;
- Provide you with this notice of our legal duties and health information privacy practices; and
- Abide by the terms of this notice.

## Changes to This Notice

We reserve our right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. If we make a material change to the terms of this notice, we will provide you with a revised notice by mail or at your next health care encounter.

**If you have a question or would like more information, please contact our Privacy Officer at Hearing Services Limited, N4W22370 Bluemound Rd., Waukesha, WI 53186-1683/ 262-547-2227 or [www.oh2hear.com](http://www.oh2hear.com).**

# HEARING SERVICES LIMITED

## NOTICE OF PRIVACY POLICIES

*Your privacy has been our priority since Hearing Services Limited was established in 1979.*

- We have always kept your records confidential.
- We have always asked your permission when releasing your information.
- We have never released your name and address to advertisers.

This brochure gives you the opportunity to review the confidentiality policy that we have always had in place. We are committed to the practices we have established to protect the confidential nature of information about your health.



Hartford  
Milwaukee  
Muskego  
Mukwonago  
Oconomowoc  
Watertown  
Waukesha  
West Bend