



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice Takes Effect on April 14, 2003 and remains in effect until we replace it.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

PRACTICES AND USES:

We may access, use and share medical information for purposes of:

- ❖ **Treatment:** We may use and disclose your protected health information for treatment to provide coordinate or manage your health care and any related services. This includes the coordination of management of your health care with a third party. We would disclose your protected health information, as necessary, to a home health agency that provides care to you or other physicians who may be treating you. In addition we may disclose your protected health information from time to time to another physician or health care provider who becomes involved in your care, diagnosis or treatment. For example, this would include a referral to a specialist.
- ❖ **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include obtaining premiums, reimbursement, eligibility and coverage determinations, risk adjustment, billing and claims management coverage and utilization review activities as well as disclosure to consumer reporting agencies of certain information. For example, in order to receive payment from an insurance company, we must submit paperwork that releases protected health information because it identifies you, your diagnosis, and the treatment provided to you.
- ❖ **Health Care Operations:** We may use and disclose medical information about you for medical operations. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED INFORMATION WILL BE MADE ONLY BY YOUR AUTHORIZATION, UNLESS PERMITTED OR REQUIRED BY LAW AS DESCRIBED:

- ❖ **Others involved in your health care:** Unless you object, we may disclose to a member of your family, relative, close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.
- ❖ **Health related benefits and services:** We may use your protected health information to provide appointment reminders by telephone, email, text message or mail.
- ❖ **Required By Law:** We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. You will be notified, if required by law, of any such uses or disclosures.
- ❖ **Public Health:** We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information
- ❖ **Communicable Diseases:** We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- ❖ **Research:** We may disclose your Protected Health Information to researchers when their research has been approved by an institutional review board to ensure the privacy of your Protected Health Information.

- ❖ **Health Oversight:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law, or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- ❖ **Abuse or Neglect:** We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of applicable federal and state laws.
- ❖ **Food and Drug Administration:** We may disclose your Protected Health Information to a person or company as required by the Food and Drug Administration.
- ❖ **Law Enforcement:** We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- ❖ **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- ❖ **Judicial and Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- ❖ **Practice Marketing:** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. For Example, New hearing aid options.
- ❖ **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel.
- ❖ **Workers' Compensation:** We may disclose your Protected Health Information as authorized to comply with workers' compensation laws and other similar legally established programs.
- ❖ **Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.
- ❖ **Charges Against Provider:** In the event you should file suit against us, we may disclose health information necessary to defend said action. Also, we must make disclosure to you and when required by the Secretary of the Department of Health to investigate and determine our compliance with the law.
- ❖ **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. Seq.



The Hearing Clinic, 2421 West Faidley Avenue, Grand Island, NE 68803 (308) 384-2101

OTHER USES OF MEDICAL INFORMATION:

You can provide us written authorization to use your medical information for other purposes; you may revoke that permission, in writing, at any time.

PATIENT RIGHTS:

- ❖ **Right to Inspect and Copy.** Within the limits of the State statutes and regulations, you have the right to inspect and receive copies of your protected health information, with limited exceptions. You must make a request in writing to The Hearing Clinic to obtain access to your protected health information. If you request copies, we will charge you \$20.00 for the first 10 pages then .50 for each page thereafter and for postage if you want the copies mailed to you.
- ❖ **Right to Amend.** If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted at The Hearing Clinic. In addition, you must provide a reason which supports your request. 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 medical information kept by or for DHHS;
 - Is not part of the information which you would be permitted to inspect and copy; or,
 - Is accurate and complete.
- ❖ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing at The Hearing Clinic. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list to be provided to you: for example, on paper, or by e-mail. If you request this list more than once in a 12 month period, we may charge you a reasonable cost-based fee.
- ❖ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- ❖ **We are not required to agree to your request for restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing at The Hearing Clinic. In your request you must tell us: (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing at The Hearing Clinic. Your request must specify how or where you wish to be contacted.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information below. You may also submit a written complaint to the office for Civil Rights, U.S. Department of Health and Human Services (OCR).

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with OCR.

You can get detailed information about filing a complaint with OCR at:
<http://www.hhs.gov/ocr/privacy/howtofile.htm>

Please contact us for more information:

The Hearing Clinic, Inc.
Privacy & Security Officers
2421 West Faidley Avenue
Grand Island NE 68803
308-384-2101

You can file a complaint with your regional OCR office at:

Office for Civil Rights
U.S. Department of Health & Human Services
601 East 12th Street, Room 248
Kansas City, MO 64106
(816) 426-7278
Toll Free: 1-800-368-1019

Changes to the Notice of Information Practices

The Hearing Clinic reserves the right to amend this Notice at any time in the future. Until such amendment is made, The Hearing Clinic is required by law to abide by the terms of this Notice. The Hearing Clinic will provide notice of any material change in revision of these policies.

This notice fulfills the "Notice" requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule.