



300 Exempla Circle, Suite 365 Lafayette, CO 80026

Notice of Privacy Practices (HIPAA)

This notice complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and explains to you, a patient of Flatirons Audiology, Inc., how your medical information may be used and disclosed and how you can get access to your medical information. Flatirons Audiology, Inc. is committed to protecting the privacy of your medical information. In order to provide you with quality care and service, as well as comply with the law, we must create a medical record for you and document the care and services you receive in this office. Federal law requires us to ensure the confidentiality of your medical record. This notice explains: a) circumstances which require us to use or disclose your medical information, b) your rights, and c) our obligations regarding the use and disclosure of medical information. The law requires us to keep your protected information private, to give you this notice, and to follow the terms of this notice. Flatirons Audiology, Inc., reserves the right to make changes to this notice and to make such changes effective for all Protected Health Information we already have about you. If and when this notice is changed, we will post a copy in our office in a prominent location. We will provide you with a revised copy upon your request.

Use and disclosure of your medical information

Treatment: We may use your health information to provide you with audiological services, to share your medical data with another provider, to make referrals, to place earmold and hearing aid orders, and to assist in obtaining treatment for you through a government agency or charity organization.

Payment: We may use your health information to request payment from your health insurance plan, government agency, hearing healthcare network, or charity organization. These companies and agencies need information from us about your audiological diagnoses, services performed, and recommended care. We may also disclose your personal healthcare information as needed for collection activities.

Health Care: We may use your medical records to assess quality in order to improve services.

Communications from our office: We may use your medical information to communicate with you by newsletters, mailings, or other means regarding treatment options, health related information, wellness programs, or other activities. We may contact you to remind you that it is time to set up an appointment or to remind you of an appointment that is already scheduled.

Individuals involved in your care or responsible for payment of your care: We may use or disclose your medical information to a family member, personal representative, or other person involved in your health care or responsible for payment of your health care services. If you are present, we will get your permission before we share medical information. In case of emergency, and if you are not able to refuse permission, we will share only the health information this directly necessary for your health care according to our professional judgment.

Disaster relief: We may share medical information with a public or private organization or person who can legally assist disaster relief efforts.

Research: In limited circumstances if research has been approved and has policies to protect the privacy of your health information, we may share with medical researchers conducting a research project.

Coroner or medical examiner: To help them carry out their duties, we may share medical information of the deceased with a coroner, medical examiner, funeral director, or organ procurement organization.

Specialized military personnel: Your medical information may be disclosed if you are military personnel, either active status or a veteran, and if required by the appropriate authorities.

Public Health Officials: Your medical information may be disclosed if required to do so by a public health or law enforcement official whose job it is to prevent or control disease, injury, or disability. Your medical information may also be disclosed to a person from the Food and Drug Administration for the purpose of reporting adverse effects stemming from product defects or problems, to enable product recalls, repairs or replacements, or to conduct activities required by the FDA.

Personal Health and Safety: Your medical information may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of another individual or the public. The information will be disclosed only to a person or organization able to prevent the threat.

Workers Compensation: Your medical information may be disclosed when necessary to comply with the laws of the Workers Compensation Program or other similar programs providing benefits for work-related injuries or illness.

Health Oversight Activities: Your medical information may be disclosed to public health authorities and health oversight agencies that are authorized by law to gather health information. These activities may include, for example, audits, investigations, inspections and licensure and are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Law enforcement: We may disclose your medical information when required by federal, state, or local law.

Lawsuits and Other Legal Proceedings: We may disclose protected health information in response to valid judicial or administrative orders.

Your health information rights

You have the right to:

- Review and/or obtain copies of your medical records on file. You have the right to receive a copy of the Privacy Notice. To receive a copy, please notify the Patient Care Coordinator.
- Receive a list of all the times we shared your medical information for purposes other than treatment, payment, and health care operations, and the other specified exceptions.
- Request, in writing, that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
- Request, in writing, that we communicate with you about your medical information by different means or to different locations.
- Request, in writing, that we change your health information if you think it is incomplete or inaccurate. If, however, the audiologist finds that the patient's health information is complete and accurate, s/he can refuse to make the requested changes.
- If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing.

To ask for help or make a complaint

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact our privacy officer at 303-664-9111. You may also deliver a written complaint or file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services and, if you do file a complaint, we will not retaliate against you.

Contact Information:

Flatirons Audiology, Inc.

300 Exempla Circle, Suite 365

Lafayette, CO 80026

303-664-9111