

Notice of privacy practices

Accurate Hearing Systems, LLC

Notice Of Privacy Practices Effective date: 4/16/2007

As required by the privacy regulations created as a result of the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a patient of this practice) may be used & disclosed & how you can get access to your individually identifiable health information.

Please review this notice carefully.

Our commitment to your privacy: We dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you & the treatment & services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties & the privacy practices that we maintain in concerning your PHI. By federal & state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by us. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we have created or maintained in the past, & for any of your records that we may create or maintain in the future.

We may use & disclose your PHI in the following ways:

The following categories describe the different ways in which we may use & disclose your PHI.

Treatment. We may use your PHI to treat you. We might disclose your PHI to a hearing aid manufacture when we order your hearing aid. Many of the people who work for us – including, but not limited to, doctors & nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment. We may use & disclose your PHI in order to bill & collect payment for the services & items you may receive from us. We also may use & disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. We may use your PHI to bill you directly for services & items. We may disclose your PHI to other health care providers & entities to assist in their billing & collection efforts.

Health care operations. We may use & disclose your PHI to operate our business. As examples of the ways in which we may use & disclose your information for our operations, We may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management & business planning activities. We may disclose your PHI to other health care providers & entities to assist in their health care operations.

Appointment reminders. We may use & disclose your PHI to contact you & remind you of an appointment.

Treatment options. We may use & disclose your PHI to inform you of potential treatment options or alternatives.

Health-related benefits & services. We may use & disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Release of information to family/friends. We may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.

Use & disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

Health oversight activities. We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure & disciplinary actions; civil, administrative & criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws & the health care system in general.

Serious threats to health or safety. We may use & disclose your PHI when necessary to reduce or prevent a serious threat to your health & safety or the health & safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) & if required by the appropriate authorities.

National security. We may disclose your PHI to federal officials for intelligence & national security activities authorized by law. We also may disclose your PHI to federal & national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

Inmates. We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety & security of the institution, &/or (c) to protect your health & safety or the health & safety of other individuals.

Workers' compensation. We may release your PHI for workers' compensation & similar programs.

Your rights regarding your PHI: You have the following rights regarding the PHI that we maintain about you:

Confidential communications. You have the right to request that we communicate with you about your health & related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate **reasonable** requests. You do not need to give a reason for your request.

Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members & friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing & your request must describe in a clear & concise fashion: The information you wish restricted, Whether you are requesting to limit use, disclosure or both, To whom you want the limits to apply.

Inspection & copies. You have the right to inspect & obtain a copy of the PHI that may be used to make decisions about you, including patient medical records & billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect &/or obtain a copy of your PHI. We may charge a fee for the costs associated with your request. We may deny your request to inspect &/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. We have 30 days to respond to your request.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, & you may request an amendment for as long as the information is kept by us. To request an amendment, your request must be made in writing & you must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (& the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate & complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect & copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.

Accounting of disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures we have made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure & may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, & you may withdraw your request before you incur any costs.

Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Donna R. DeMarco, AAS-HIS, 907-644-6004.

Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with We or with the Secretary of the Department of Health & Human Services. To file a complaint with us, contact Donna R. DeMarco, AAS-HIS, 907-644-6004. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Right to provide an authorization for other uses & disclosures. We will obtain your written authorization for uses & disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use & disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Donna R. DeMarco, AAS-HIS, 907-644-6004.