

Hart Hearing Centers

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.

Hart Hearing Centers is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Hart Hearing Centers please contact:

Privacy Officer: Anita Morales 266-4130

Effective Date of This Notice: 4/14/2003

I. How Hart Hearing Centers may Use or Disclose Your Health Information

Hart Hearing Centers collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Hart Hearing Centers but the information in the medical record belongs to you. Hart Hearing Centers protects the privacy of your health information. The law permits Hart Hearing Centers to use or disclose your health information for the following purposes:

1. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your hearing health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the hearing healthcare provider has the necessary information to treat you.

In addition, we may disclose your protected health information from time-to-time to another hearing healthcare provider, physician or health care provider (e.g., a specialist or laboratory) who, at the request of your hearing healthcare provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your hearing healthcare provider.

2. Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

3. Regular Health Care Operations. We may use or disclose, as needed, your protected health information in order to support the business activities of your hearing healthcare provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your hearing healthcare provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your hearing healthcare provider, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

4. Information provided to you.

5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Required by law. As required by law, we may use and disclose your health information.

8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation.We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or <this organization's> privacy board.
15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits health plan purposes.
17. Worker's compensation.We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

II. When Hart Hearing Centers May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Hart Hearing Centers will not use or disclose your health information without your written authorization. If you do authorize Hart Hearing Centers to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Hart Hearing Centers is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. You must submit a request in writing to Hart Hearing Centers Privacy Officer. A charge for copies of your records will apply in the amount of \$0.75 per copy.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Hart Hearing Centers amend your health information that is incorrect or incomplete. Hart Hearing Centers is not required to change your health information and will provide you with information about Hart Hearing Centers denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Hart Hearing Centers except that Hart Hearing Centers does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4

(information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

Anita Morales / Privacy Officer 585-266-4130

IV. Changes to this Notice of Privacy Practices

Hart Hearing Centers reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Hart Hearing Centers is required by law to comply with this Notice. Any revision in this policy will be posted

V. Complaints

Complaints about this Notice of Privacy Practices or how Hart Hearing Center's handles your health information should be directed to:

Mary Hollis / Privacy Officer 266-4130

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.