

Notice of Privacy Practices

Ears to You

13784 Warwick Blvd, Newport News, VA 23602

Elizabeth A. Taylor, Office Administrator and Privacy Officer

Effective Date: 20 October 2016

This notice describes how audiology or medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We understand the importance of privacy and are committed to maintaining the confidentiality of your audiology and medical information. We make a record of the audiology care we provide and may receive such records from others. We use these records to provide or enable other providers to provide quality audiology or medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this audiology practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your audiology or medical information. It also describes your rights and our legal obligations with respect to your audiology or medical information. If you have any questions about this notice, please contact our Privacy Officer listed above.

A. How this audiology practice may use or disclose your health information

This audiology practice collects health information about you and stores it in a chart, on a computer and/or in an electronic health record/personal health record. This is your audiology record. The audiology record is the property of this audiology practice, but the information in the audiology record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment

We use audiology or medical information about you to provide your hearing care. We disclose audiology or medical information to our employees and others who are involved in providing the care you need. For example, we may share your audiology or medical information with physicians or other health care providers who will provide services that we do not provide. We may share this information with hearing aid a manufacturer who needs it to make your hearing aids or ear molds. We may also disclose audiology or medical information to members of your family or others who can help you.

2. Payment

We use and disclose audiology or medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us.

3. Audiology operations

We may use and disclose audiology or medical information about you to operate this audiology practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our staff. We may also use and disclose this information as necessary for audiology or medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your audiology or medical information with our "business associates," such as hearing aid manufacturers. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers that have a relationship with you, in order to help them care for you.

4. Notification and communication with family

We may disclose your audiology or medical information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your hearing needs, unless you have instructed us otherwise. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures. 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.

5. Marketing

Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your hearing loss or treatment that may be of interest to you. We may also encourage you to take care of your ears and get recommended tests. We will not otherwise use or disclose your audiology or medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

6. Sale of information

We will not sell any information about you.

7. Required by law

If required by law, we will use and disclose your audiology information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

8. Health oversight activities

We might be required by law to disclose your audiology or health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

9. Judicial and administrative proceedings

We may, if required by law, disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

10. Law enforcement

We may, and are sometimes required by law, to disclose your audiology 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, warrant, grand jury subpoena and other law enforcement purposes.

11. Specialized government functions

We may disclose your audiology information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

12. Workers' compensation

We may disclose your audiology information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury to the employer or workers' compensation insurer.

13. Change of ownership

In the event that this audiology practice is sold or merged with another organization, your audiology information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

14. Breach notification

In the case of a breach of unsecured protected health information, we will notify you as required by law.

When This Audiology Practice May Not Use or Disclose Your Audiology or Health Information

Except as described in this Notice of Privacy Practices, this audiology practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Audiology Information Rights

15. Right to request special privacy protections

You have the right to request restrictions on certain uses and disclosures of your audiology information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

16. Right to request confidential communications

You have the right to request that you receive your audiology information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

17. Right to inspect and copy

You have the right to inspect and copy your audiology information, with limited exceptions. To access your information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We may charge a reasonable fee which covers our costs for labor, supplies, or postage.

18. Right to amend or supplement

You have a right to request that we amend your audiology information that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this audiology practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

19. Right to an accounting of disclosures

You have a right to receive an accounting of disclosures of your health information made by this audiology practice, except that this audiology practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 4 (notification and communication with family) and 11 (specialized government functions) of Section A of this Notice of Privacy Practices or the disclosures to a health oversight agency or law enforcement official to the extent this audiology practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

20. Right to a paper or electronic copy of this notice

You have a right to notice of our legal duties and privacy practices with respect to your audiology information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. 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 our Privacy Officer listed at the top of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected audiology or health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

Complaints

Complaints about this Notice of Privacy Practices or how this audiology practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Barbara Holland, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

The complaint form may be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf. You will not be penalized in any way for filing a complaint.