

Notice of Privacy Practices

Ears to You

13784 Warwick Blvd, Newport News, VA 23602
Elizabeth A. Taylor, Office Administrator and Privacy Officer
Effective Date: 27 August 2020

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 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.

How this audiology practice may use or disclose your health information

This audiology practice collects health information about you and stores it on a computer and online in a secure personal health 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. 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. We may also share your audiology information with our "business associates," such as hearing aid manufacturers. 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. 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.

5. 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 audiologist.

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 audiology 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

1. 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.

2. Right to request confidential communications

We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to inspect and copy

You have the right to inspect and copy your audiology information.

4. 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 audiology information, and will provide you with information about this audiology practice's denial and how you can disagree with the denial. 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.

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

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. We will keep a copy of the current notice 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.

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