

# **NOTICE OF PRIVACY PRACTICES for A&A Maryland Hearing Center, Division of Atlantic Audiology, LLC**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY AND SIGN BELOW.**

## **Introduction:**

At A&A Maryland Hearing Center, we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices describes how and when the personal information we collect from you is used and disclosed. It also describes your rights as defined by federal regulations.

## **Understanding Your Health Record/Information:**

Each time you visit our facility we make a record of your visit. This record typically consists of your symptoms, examination and test results, diagnoses, and a plan for future care or treatment. This information, often referred to as your medical records, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your records and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights:**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect a copy of your health record. You must submit a written request to the privacy officer of this practice in order to inspect and/ or copy your health information. We may deny your request in certain limited circumstances. You may request that the denial be reviewed. The person reviewing your request at this point will NOT be the same person who denied your initial request. The outcome of this review will be complied with
- Amend your health record if you feel that information we have about you is incorrect or incomplete. You may ask us to amend the information. We may deny your request if it is not in writing or does not include a reason to support the request. Also, we may deny your

request if you ask us to amend information that we did not create, is not part of the health information we keep, or is accurate and complete already

- Obtain an accounting of disclosures of your health information. To obtain a list of these disclosures, a written request must be submitted to the privacy officer. It must state specific time periods and may not include dates before April 14, 2003 when the HIPAA law was implemented
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorizations to use or disclose health information except to the extent that action has already been taken

### **Our Responsibilities:**

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a request restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.
- We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact the Privacy Officer at (301) 977-6317.

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosure for Treatment, Payment and Health Operations:**

*We will use your health information for treatment, for example:* Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In the way the physician will know you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you're discharged from this facility.

*We will use your health information for payment, for example:* A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular health operations, for example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement

team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Appointment reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at the office. We may contact you if you miss an appointment to reschedule. This notification may be by phone call or mail. We may also call you by name in the waiting room when your provider is ready to see you.

**Business Associates:** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Communications with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

- *As required by law:* We may use or disclose your protected health information to the extent that the use or disclosure is required by law.
- *Workers' Compensation:* Your protected health information may be disclosed, by us, as authorized, to comply with workers' compensation laws and other similar legally-established programs.
- *Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- *Law enforcement:* We may disclose health information for law enforcement purposes as required by federal, state or local law or in response to a valid subpoena. Or if you were a member of the armed forces or part of the national security or intelligence community, we may be required to release health information about you.
- *Health Care Oversight:* Your health information may be released to an appropriate health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

### **ACKNOWLEDGEMENT**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Privacy Rule portion of the HIPAA regulations requires our practice to submit a copy of the Privacy Notice to each patient, both existing and new. If the patient refuses to sign the notice, this practice is not obligated to treat the patient.