

# **NOTICE OF PRIVACY PRACTICES**

## **PURPOSE:**

This policy is to ensure that individuals are provided with the information they need to clearly understand how their health information can be used or disclosed, their rights under HIPAA with respect to their health information, and how they can gain access to their health information. In addition, this policy establishes the administrative procedures regarding the maintenance of the notice.

## **POLICY:**

Individuals have a right to adequate notice of the uses and disclosures of protected health information that may be made by PHS and of the individual's rights and PHS's legal duties with respect to protected health information.

### Provision of Notice

Notice of Privacy Practices is made available as follows:

- A. A written copy is given to all patients the first time they receive treatment or upon first service (See PHS Notice of Privacy Practices Form). It is not necessary to provide a written copy of the Notice at subsequent visits or upon subsequent delivery of services.
- B. A copy of the Notice must be posted prominently in the waiting room or admissions area if applicable for your department, where it can easily be read and on the website if one is maintained.
- C. Printed copies of the Notice are made available to any person (whether or not a patient) who requests a copy.
- D. Copies of the Notice may be provided electronically as long as the patient is advised that he or she may request a written copy as well.

### *Acknowledgement of Receipt of Notice*

The first time the patient receives treatment or services, the patient or the patient's authorized representative is asked to sign a receipt acknowledging that the Notice was provided. If the person's signature cannot be obtained, document the good faith attempt to obtain the acknowledgement. After the patient signs and dates the notice, the team member gives a copy of the notice to the patient and files the original copy in the medical records.

### *Emergencies*

In an emergency, it is not necessary to provide the Notice or obtain acknowledgement until after the emergency has been resolved.

### *Revisions to Notice*

Any changes to PHS's Notice of Privacy Practices must be approved by the Privacy Official to assure that the Notice contains all required elements and accurately reflects federal and state law. Before PHS may change its privacy practices in any way that is inconsistent with the current description, the Notice is revised to describe the change. The effective date of the new Notice is printed on the Notice, and cannot be retroactive. Any time the Notice is revised, the revised copy must be posted prominently and written copies must be made available upon request. If significant changes are made to the Notice of Privacy Practices, a written copy on the first visit or first service must be provided and patient signature obtained as proof you provided a copy. Subsequent visits will not require a written copy be handed out unless patient requests a copy.

### *Retention*

PHS must retain copies of the notices issued by PHS for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

### *Joint Notice of Privacy Practices*

PHS may participate in an organized health care arrangement that has established a Joint Notice of Privacy Practices. In this case, PHS may rely on the joint notice provided that:

- A. PHS agrees to abide by the terms of the notice with respect to PHI created or received by PHS as part of its participation in the organized health care arrangement;
- B. The joint notice meets PHS's requirements for its Notice of Privacy Practices; and
  1. Describes with reasonable specificity the providers or agencies, or classes of providers or agencies, to which the joint notice applies;

2. Describes with reasonable specificity the service delivery sites, or classes of service delivery sites, to which the joint notice applies; and
  3. If applicable, states that the providers or agencies participating in the organized health care arrangement will share PHI with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.
- c. The providers or agencies included in the joint notice must provide the notice to patients in accordance PHS's policies.

**Professional Hearing Services Inc.**  
**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**  
**NOTICE OF PRIVACY PRACTICES**

**This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to this information. Please review it carefully.**

**PURPOSE:**

This notice describes your privacy rights, this office's duty to maintain the privacy of your personal health information, and how this office may use or disclose that information with/without your written permission.

**YOUR PRIVACY RIGHTS**

You have following rights regarding the health information this office maintains about you:

- Right to View or Obtain a Copy: You may view and obtain a copy of the health information that this office has about you, in most situations. This office may require a written request for information.
- Right to Amend: You may request this office to correct certain information, including certain health information, about you if you believe the information is wrong or incomplete. This office requires a written request for an amendment. If this office denies your request to amend your health information, you may have a written disagreement placed in your record.
- Right to Record of Disclosures: You may request a record of your disclosed health information released for reasons other than treatment, payment, health care operations, and other reasons as provided by law, except those you have authorized or requested this office release.
- Right to Request Restriction: You may request a restriction or limitation of the medical information disclosed by this office for treatment, payment, or health care operations. Additionally, you may request a restriction/limitation of health information disclosed about you to someone involved in your care, payment for your care, such as a family member or friend. However, this office is not required to agree to your request for restriction.
- Right to Request Confidential Communications: Our office may attempt to contact you by phone, mail, or email. You may request the method by which this office contacts you regarding your health information. Special confidential communication requests must be submitted in writing.
- Right to a Paper Copy of this Notice: You may obtain a copy of this Notice from this office.

**PRIVACY PRACTICES**

Treatment, Payments, and Healthcare Operations

**Treatment:** This office is permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this office is a specialist; therefore, this office may request your health information from your primary care physician, to better provide treatment. Also, this office may provide your primary care physician with information about your condition so that he/she can appropriately treat you for other medical conditions, if any.

**Payment:** This office is permitted to use and disclose your health information to bill and collect payment for the services provided to you. For example, this office may complete a claim to

obtain payment from your insurer or HMO. The form will contain health information, such as a description of the health services provided to you, that your insurer or HMO needs to approve payment to us.

**Health Care Operations:** This office is permitted to use or disclose your health information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, this office may engage the services of a professional to aid this practice in its compliance programs. This professional will review billing and medical files to ensure this office maintains its compliance with regulations and the law.

### **Uses and Disclosures Without Your Authorization**

There are situations in which this office is permitted by law to disclose or use your health information without your written authorization or an opportunity to object. In other situations, this office will ask for your written authorization before using or disclosing any identifiable information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

These situations include as Required by law, Public Health, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, and Organ Donation, Research, Criminal activity, Military Activity and National Security, Worker's Compensation, Inmates, required uses and Disclosures.

### **Complaints**

If you are concerned that your privacy rights have been violated, you may send a written complaint to the United States Department of Health and Human Services (see contact information below). The office will not retaliate against you for filing a complaint with the government or us.

U.S. Department of Health and Human Services Office for Civil Rights  
Centralized Case Management Operations  
200 Independence Ave., S.W.  
Suite 515F, HHH Building  
Washington, D.C. 20201  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

This office may change the privacy practices and this notice at any time and have those revised policies apply to all the protected health information maintained by this office. If or when the practices or notice change, the new notice will be posted in the office or online where it can be reviewed