



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 this notice carefully.

This notice is mandated by the Health Insurance Portability and Accountability Act of 1996. This notice is effective April 14, 2003

974 Bethel Road Suite B Columbus, OH 43214	4300 Clime Road Suite 100 Columbus, OH 43213
6499 East Broad Street Suite 160 Columbus, OH 43228	6670 Perimeter Drive Suite 120 Dublin, OH 43016
477 Cooper Road Suite 480 Westerville, OH 43081	801 OhioHealth Blvd Suite 220 Delaware, OH 43015

The Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition(s) and related health care services. We will make a good faith effort to obtain a written acknowledgement that you have received this Notice of Privacy Practices for Protected Health Information the first time we provide services to you after April 14,2003, or as soon as reasonably practicable under the circumstances. Uses and disclosures not described in this document will only be made with patient’s authorization.

Your Rights Regarding Your Personal Health Information

You have the right to inspect and copy your PHI All requests to copy and receive your information must be in writing and signed by you or your legal guardian. We may charge for

copying the information and for postage as permitted by federal and state law. You may request a copy of your PHI via electronic means in a format of your choice. If we cannot readily provide an electronic copy in your requested format a .pdf format will be used. If .pdf is not a satisfactory format, or group and patient cannot agree on a format, a paper copy will be provided.

You have the right to amend your PHI All requests must be made in writing by you or your legal guardian. The request may be denied if the information is correct and complete, or if it was not created by us. If your request is denied, we will inform you in writing with the reason(s) for the denial. If your request is denied, you may file a statement of disagreement with us.

You have the right to request a restriction to your PHI You may request we do not use your PHI for the purposes of payment or healthcare operations for services in which you have paid out-of-pocket in full. If you request this you will be personally responsible for all bills and the services must immediately be paid for in full. You may request that any part of your information not be disclosed to family members or friends who may be involved in your care. This request should be made in writing. Federal rules and regulations may exist that may supersede your request to restriction of your PHI.

You have the right to a listing of certain disclosures of your PHI This request must be in writing and signed by you or your legal representative. This list will not include disclosures made for treatment, payment, healthcare operations, or directly to you, to your family or in our facility directory that you have already authorized in writing, for national security purposes, for corrections or law enforcement staff or before April 14, 2003.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location You may request that we send information on you to a different address or in a different method (e.g. via phone, fax). We must agree to your request as long as it can easily be done. We may use health information to send appointment reminders. If you prefer this to be done by a method other than mail, email or phone (text and/or voice) please inform us in writing.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us or if you disagree with a decision that has been made about access to your protected health information. Please file your complaint in writing to: Hearing Health Solutions

Attn: HIPAA Compliance Office
974 Bethel Road, Ste B
Columbus, OH 43214

Acknowledgement of Receipt of Notice. You will be asked to acknowledge receipt of this Notice of Privacy Practices on our consent form.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care

services to you. Your PHI may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physician's practice. The following are examples of the types of uses and disclosures of your PHI that the physician's office is permitted to make. These examples are not meant to be all inclusive but describe the types of uses and disclosures that may be made by our office.

Treatment

We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. For example, we may disclose your PHI to other physicians who may be treating you, or to a laboratory who may be providing assistance with your health care diagnosis or treatment.

Payment

We may use and share your PHI, as needed, to obtain payment. This may include sharing information about your tests and care to your insurance company to arrange payment for your services. We may disclose your PHI with our business partners that help us with billing and claims or help us obtain payment for services. These businesses are under contract with us to protect the privacy of your information.

Healthcare Operations

We may use or disclose your PHI in order to support the business activities of the physician practice. These activities could include; quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. Whenever your health information is disclosed to a third party business associate, we will have a written contract that will protect your PHI. We may use your PHI to provide you with information about treatment alternatives or other health related benefits. This may include information regarding products or services that we believe may be beneficial to you.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object.

Required by Law We may use or disclose your PHI to the extent that the use of disclosure is required by law. You will be notified, as required by law, of any such uses or disclosure.

Public Health We may use or disclose your PHI for public health activities such as reporting diseases, injuries or disabilities. This would include reporting your information to a person who may have been exposed to a communicable disease. For deceased patients, we may be required to disclose your information to coroners and funeral directors.

Organ Donation We may disclose your PHI if needed to arrange for organ or tissue donation from you or to give a transplant to you.

Legal Cases or Law Enforcement

We may disclose your PHI as needed to report wounds, injuries and crimes, if there is a suspicion of child abuse or neglect, if we believe you are a victim of abuse, neglect or domestic violence, if we have received a court order, administrative tribunal, subpoena, discovery request or other lawful process.

Food and Drug Administration

We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects, product recalls or to make repairs or replacements.

Health Oversight

We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. This disclosure could go to government agencies that oversee the health care system and government benefit programs.

Research We may disclose your PHI for research when the research is approved by an institutional review board and established protocols are in effect to ensure the privacy of your information.

Military Activity and National Security We may disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for a determination by the VA of your eligibility for benefits or for national security and intelligence activities, including for the provision of protective services to the President.

Workers' Compensation We may disclose your PHI to worker's compensation agencies if needed for benefits determination.

Inmates We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your information in the course of providing care to you.

Required Uses and Disclosures Under the law we must make disclosures to you, and as required by the Secretary of the Department of Health & Human Services to investigate or determine our compliance with the requirements of federal regulations that protect the privacy of your PHI.

Uses and Disclosures Requiring Patient Authorization

Psychotherapy Notes Any general use or disclosure of psychotherapy notes and relating PHI.

Marketing Any use or disclosure of PHI for marketing purposes that are not included as an exception to marketing as defined by federal privacy and security regulations.

Sale of PHI Any use or disclosure resulting in the sale of PHI. Hearing Health Solution will never sell your PHI and will never ask for your authorization to sell your PHI.

Your Rights Regarding Breach of Protected Health Information

In the event a breach involving your PHI occurs you will be notified via first class mail or email no more than 60 days after a breach is identified. You will be provided information about the breach and protection measures as required by federal privacy and security regulations.