



Prince Frederick – Solomons – Leonardtown – Greenbelt
Diagnostic Hearing Centers
(P) (443) 295-7100 (F) (443) 295-7555

Waldorf Diagnostic Hearing & Balance Center
(P) (301) 374-8477 (F) (301) 374-8432
www.freedomhearing.com

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 it carefully.**

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment and personal demographics (i.e. address, date of birth, health insurance etc.) This information, often referred to as your health or medical record, serves as basis for planning your care and treatment, and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understanding who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATIONS RIGHTS:

Your health record belongs to you, unless otherwise required by law that it is the physical property of the healthcare practitioner or facility that compiled it. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the notice of information practices upon request, inspect and obtain a copy of your health record, obtain an accounting of the disclosures of your health information, request communications of your health information by alternatives means or alternative locations, revoke your authorization 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. In addition, provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. This organization must abide by the terms of this notice; notify you if we are unable to agree to a requested restriction; accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations. We reserve the right to change our practices and to make the provisions effective for all protected health information we maintain. Should our information practices change, we will be happy to provide an updated copy upon request as well as provide an updated copy on our website. We will not use or disclose your health information without your authorization, except as described in this notice.

Your health information will be used in the following ways:

- 1) We will use your health information for treatment. Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide your other practitioners with copies of various reports that should assist them in treating you.
- 2) We will use your health information for payment. 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, your diagnosis, procedures, and supplies used.
- 3) We will use your health information for regular health operations. Staff members may use information in your health record to access the care and outcomes in your case and others like it. This information will then be used in effort to continually improve the quality and effectiveness of the healthcare and service we provide.
- 4) We may disclose some of your health information to our Business Associates (i.e. hearing aid manufacturers or earmold labs) so that they can perform the work required. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.
- 5) We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person for your care, your location and/or general condition.

Prince Frederick

135 W. Dares Beach Road
Suite 102
Prince Frederick, MD 20678

Solomons

14090 HG Trueman Road
Suite 1400
Solomons, MD 20688

Leonardtown

41660 Courthouse Drive
Suite 301
Leonardtown, MD 20650

Greenbelt

7247 Hanover Parkway
Suite A
Greenbelt, MD 20770

Waldorf

3475 Leonardtown Road
Suite 102
Waldorf, MD 20601



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- 6) We may disclose to a family member, other relatives, or close personal friends, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- 7) As required by law, we may disclose to the FDA health information relative to adverse events with respect to product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.
- 8) We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, such as the Division of Rehabilitative Services.
- 9) As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury or disability.
- 10) Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of the other individuals. An inmate does not have the right to the Notice of Privacy Practices.
- 11) We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provide that a work force member or business associate believe in good faith that we engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.
- 12) We may contact you by telephone, mail, or email to provide appointment reminders, warranty expiration reminders, information about treatment alternatives, other related health information, or services/products that may be of interest to you.

IDENTITY THEFT PREVENTION AND DETECTION

It is the policy of this practice to follow all federal and state laws in protecting your private information and reporting requirements regarding identity theft as per the Red Flag Rules compliance program. To protect your identity Freedom Hearing will ask for the following to protect you:

- Driver's license or other type photo ID
- Current health insurance card
- Utility bill or other correspondence showing current residence if your photo ID does not show a current address

Should Freedom Hearing suspect fraudulent activity (a red flag), Freedom Hearing reserves the right to:

- Cancel the transaction
- Contact the appropriate enforcement
- Notify the affected person
- Notify affected physician(s)

This notice will be maintained on our website and patients will be provided a hard copy upon request.

FOR MORE INFORMATION, OR TO REPORT A PROBLEM:

If you have questions, and would like additional information, you may contact Freedom Hearing directly at 443-295-7100. 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.

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