



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.**

WHEN IT COMES TO YOUR HEALTH INFORMATION YOU HAVE CERTAIN RIGHTS: The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

- 1) 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. 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.
- 2) Right to get notice of breach. 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)

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
- 3) You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record.
 - 4) Choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has authority and can act for you before we take action.
 - 5) You can file a complaint if you feel your rights are violated with the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

OUR OBLIGATION

This organization is required by law to:

- 1) Maintain the privacy and security of your protected health information.
- 2) We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 3) Provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. We will not share your information other than as described here unless you tell us we can in writing. Please note that you can change your mind at any time and let us know of this change in writing,
- 4) Abide by the terms of our notice that is currently in effect and give you a copy of it.

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

- 1) We will use your health information for **treatment**. We can use your health information and share it with other professionals who are 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 daily **health operations**. We can use and share your health information to run our practice, improve your care, and contact you when necessary. We may contact you to provide appointment reminders or



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information about treatment alternatives or other health-related health information and/or services that may be of interest to you.

- 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. 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.
- 6) As required by law:
 - a. 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.
 - b. 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.
 - c. 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.
 - d. We may disclose health information for law enforcement purposes 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. 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.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION.

The following uses and disclosures will be made only with your written authorization:

- a. Uses and disclosures of protected health information for marketing purposes for which we or a business associate may receive remuneration; and
- b. Disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization, at any time, in writing, except to the extent that Freedom Hearing Center LLC has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. Patients will be provided a hard copy and the current notice will be maintained on our website as well as in our three office locations. For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, www.acog.org, or call (202) 863-2584.

FOR MORE INFORMATION

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

Effective October 11, 2018