

HEARING HEALTH CARE, PA
NOTICE OF PRIVACY PRACTICES, POLICIES AND PROCEDURES

This document describes how your protected health information, audiologic and medical information may be used and disclosed, how you can obtain access to this information, and how you can modify or amend its contents. Please read and review this document carefully. Please notify us of any questions or concerns you have regarding this document and its contents.

A federal regulation created by the United States Department of Health and Human Services, known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, requires that Hearing Health Care, PA provide our patients with a detailed document, in writing, which outlines our offices' privacy practices, policies, and procedures. We know that this document is long and detailed but the Rule requires that certain topics are addressed within this document.

- **Hearing Health Care, PA** is committed to protecting your protected health information, audiologic and medical records.
 - In this document, we will outline how we may use and disclose your information. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a given patient or where there it is reasonable to conclude that it could identify a given patient. This information is called protected health information or PHI. PHI is defined as information such as name, social security number, address, telephone number, medical record number, or zip code. This document describes your rights as our patient and our obligations, under the Rule, regarding the use and disclosure of PHI. We are required by law to maintain confidentiality and the privacy of your PHI, to provide you with this document which outlines our legal and ethical duties and privacy practices, policies, and procedures with respect to PHI and to comply with the terms of this document once it is effective.
 - **We reserve the right to make changes and modifications to this document as needed and to make such changes retroactive to cover the PHI we may have already obtained about you. If and when this document is revised, we will post a copy in our offices in a prominent location. We will also provide you with a copy of the revised document upon your request to our Privacy officer.**
- **Hearing Health Care, PA may use and disclose your protected health information for treatment, payment and health care operations purposes. The examples outlined below do not encompass every type of disclosure available within each category:**
 - ***Treatment:*** Hearing Health Care, PA may use and disclose your PHI in an attempt to provide or manage audiologic, hearing aid, medical or health care services. We may consult with other hearing aid dispensers, audiologists, or health care providers regarding your treatment and coordinate your care with other providers. For example, we may disclose your PHI when a hearing aid and/or earmold are ordered from a manufacturer or we may use PHI when referring you to another health care provider, such as a physician or speech-language pathologist.
 - ***Payment:*** Hearing Health Care, PA may use and disclose your PHI in attempt to bill and collect payment for the services and products provided to you in the course of evaluation and treatment. Before providing evaluation or treatment, we may discuss PHI and details contained in your medical

records with your health plan concerning the services and products you are scheduled to receive. For example, we may request pre-authorization, pre-certification or verification from your health plan regarding eligibility and benefits prior to providing the services or products. We may use and disclose PHI to your health plan in an attempt to determine if they will cover the costs associated with the services or products provided. This is especially important for the verification of hearing aid coverage. We may use PHI for billing, claims, reimbursement and collection purposes, including any outside billing or collection agencies we employ.

- ***Health Care Operations:*** Hearing Health Care, PA may use and disclose PHI in performing certain business activities. Health care operations include patient education, reductions of health care operating costs and improving the quality of care we provide to our patients. We may use PHI:
 - To improve the quality, efficiency, and cost of the care we provide our patients,
 - To identify patients with similar hearing healthcare problems and provide them with information regarding treatment options and educational offerings,
 - To review and evaluate the performance of the staff of Hearing Health Care, PA,
 - As a training tool within our practice for our providers and office staff,
 - During any certification, accreditation, or review process from outside agencies, such as the hearing aid and/or audiology licensing boards or national organizations,
 - During review of our business activities by accountants, lawyers, software vendors, hearing aid and earmold manufacturers, equipment or accessory suppliers, and others who assist us in complying with the law and managing our business practices,
 - To assist in the resolution of patient or employee complaints or grievances within our practice,
 - To review our business and using and disclosing PHI in the event that we sell all or part of our practice to someone else or merge with another practice,
 - To contact you, either by phone, mail or e-mail, to remind you of appointments and/or provide you with treatment alternatives or other hearing healthcare related benefits, services, and/or products that may be of interest to you and your condition.
- **Hearing Health Care, PA may use and disclose your PHI in certain situations where you, the patient, has the opportunity to agree or object to those uses and disclosures. If you do not object, we may make the use and disclosure of PHI through use of our best professional judgment. Some examples of this type of disclosure are:**
 - ***Disclosures to individuals involved with your care or payment related to your care:***
 - Hearing Health Care, PA may disclose your PHI to a family member close friend, guardian, caregiver, or any other person identified by you. The PHI must be directly relevant to the person's involvement in your care or payment related to your care. If you are present and able to consent or object to this disclosure, we will only disclose that PHI which you authorize. If you are not present or are unable to consent or object, we will exercise our professional judgment in the disclosure of any PHI. For example, we may allow a friend or family member to pick up a repaired hearing aid or batteries on your behalf or allow a caregiver who brought you in for an appointment to leave with a copy of your test results or with a hearing aid related product.
- **Hearing Health Care, PA may use and disclose your PHI in the following situations without your authorization or without giving you the opportunity to consent, provided we comply with certain conditions that may apply in each case. The situations are as follows:**

- As required by local, state, and federal law. Any PHI disclosure must comply with the law and is limited to the requirements under the law.
- To provide public health authorities with PHI related to matters of public health, such as:
 - Prevention or control of disease, injury, or disability,
 - In reporting disease, injury, birth or death,
 - In reporting child or domestic violence, abuse, or neglect,
 - In reporting problems with products or devices regulated by the Food and Drug Administration or the State of South Carolina as it relates to the quality, safety, or effectiveness of the products or devices,
 - In locating and notifying patients of product or device recalls,
 - In notifying a patient of possible exposure to a communicable disease
- To provide information to officials during audits, investigations, inspections, licensure, or disciplinary activities conducted by local, state, federal or private health organizations or licensure boards.
- To provide information for lawsuits or legal proceedings as required by a court of law.
- To provide law enforcement with information involving:
 - A suspected victim of a crime and the patient is unable to provide consent because of an emergency,
 - Locating a suspect, fugitive, material witness, or missing person,
 - A crime or possible crime committed in our office,
- To provide information to the government in certain situations, such as:
 - Certain military or veteran activities, including eligibility or benefit determination,
 - National security or intelligence activities,
- To provide information to the Department of Health and Human Services regarding compliance to the HIPAA Privacy Rule.

HEARING HEALTH CARE, PA MAY NOT USE YOUR PHI IN OTHER SITUATIONS WITHOUT YOUR WRITTEN AUTHORIZATION. ONCE YOU PROVIDE US WITH YOUR WRITTEN AUTHORIZATION IN THESE CASES YOU MAY REVOKE IT AT ANY TIME, IN WRITING, EXCEPT IN CASES WHERE WE HAVE ALREADY ACTED BASED UPON THE ORIGINAL AUTHORIZATION.

- **Under Federal Law, you have rights regarding your protected health information. These rights are as follows:**
 - You have the right to request additional restrictions to the use and disclosure of your PHI for treatment, payment or healthcare operations. You may also request additional restrictions to use and disclosure of your PHI to specific individuals or providers involved in your care that would otherwise be permitted under the provisions of the HIPAA Privacy Rule, although we are not required to agree with your request. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include:
 - The PHI you want to restrict
 - To what degree you want to restrict the use and disclosure of the PHI
 - To whom you want these restrictions to apply.
 - You have the right to request receipt of confidential communications regarding your PHI and you have the right to restrict the manner in which these communications are forwarded to you. You

must specify, in writing, the manner in which you wish to be contacted. We are required to accommodate reasonable requests and you are liable for any mailing charges associated with specific requests.

- You have the right to request copies of your PHI in certain records we maintain in our office or in the course of doing business. This includes audiologic, medical, hearing aid or billing records but does not include information gathered or prepared for a civil, criminal, administrative, or worker's compensation situation. You must make your request for a copy of the records in writing and forward it to the Privacy Officer. Hearing Health Care, PA may charge you a nominal fee for the copying, postage or mailing, and supplies used to fulfill this request.
 - You have the right to request changes in your PHI for as long as your information is kept by our office. You must make your request in writing and submit it to our Privacy Officer. You must also give us a reason for your request.
 - You have a right to receive information about to whom, when and why your PHI was used or disclosed. This is a list of disclosures made by us for anything other than treatment, payment, or health care operations, to family members, friends, guardians, caregivers, or individuals involved in your care, to you directly, or disclosures made prior to April 14, 2003. You may only request this information for up to six years following the use or disclosure. You must make your request in writing and submit it to our Privacy Officer.
 - You have the right to receive a copy of this document at any time. You must make your request for a copy in writing and submit it to our Privacy Officer.
- **If you believe your privacy rights have been violated, you can either file a complaint with Hearing Health Care, PA or the United States Department of Health and Human Services at 1-800-447-8477 or the Office of Civil Rights at 1-800-368-1019. To file a grievance or complaint with our office, please contact our Privacy Officer.**
 - **If you have questions or concerns regarding this document, please contact our Privacy Officer.**
 - **YOU MAY CONTACT OUR PRIVACY OFFICER AT ANY TIME AT THE FOLLOWING ADDRESS, PHONE NUMBER, OR E-MAIL ADDRESS. THE CONTACT INFORMATION IS:**

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THIS DOCUMENT WAS CREATED AND BECAME EFFECTIVE ON APRIL 14, 2003.