

Advanced Audiology, Inc.
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse protected health information. Protected health information is information about you, including demographic information, that may identify you and that related to your past, present, or future physical or mental health and related health care services.

As required by HIPAA, Advanced Audiology has prepared this explanation of how we are required to maintain the privacy of your health information and how we may disclose your health information. The office staff will ask you to sign a consent form to allow us to disclose information contained in your medical records. We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

-Treatment means providing, coordinating, or managing routine hearing health care and related services by one or more health care providers. Examples of this use would be disclosing physical examination findings, diagnoses, audiometric test results, or hearing aid related information to the physician who referred you to Advanced Audiology, another health care specialist for additional evaluation or treatment, for further testing.

-Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this use/disclosure would be sending a bill for our visit to your insurance company for payment.

-Health care operations include the business aspects of running Advanced Audiology, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, customer service, and supervised clinical training of audiology students. Examples of this use would be an internal quality assessment review, using a sign-in sheet at the registration area, and calling you by your name in the reception area. We may also create and distribute de-identified health information by removing all reference to a patient's identity. We may contact you to provide you appointment reminders or information about treatment alternative or other health related benefits and services that may be of interest to you. We may share your protected health information with a third party "business associate" who provides services for Advanced Audiology. Whenever an arrangement between Advanced Audiology and a business associate involves the use or disclosure of your protected health information, we will have a written contract with the business associate that contains terms that will protect the privacy of your health information.

When you are not present or able to agree or object, your protected health information may be disclosed by Advanced Audiology, based on professional judgment, to other family members, friends, or others involved in your healthcare, in an emergency situation to provide or obtain treatment for you, or if a barrier to communication exists.

Without your authorization, Advanced Audiology may use or disclose your protected health information in the following situations: to comply with law or public authority; to prevent communicable disease transmission; to prevent health oversight or abuse and neglect; to report adverse events to the Food & Drug Administration, to comply with legal proceedings and law enforcement; to aid coroners, funeral directors, or organ donation; to prevent criminal activity; to support military activity and National Security matters; to assist approved research protocols; to comply with worker's compensation laws; to provide information to a correctional facility if you are an inmate; and to help the Department of Health and Human Services investigate compliance with HIPAA.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to Carrie A. Hill, Au.D., CCC-A:

- The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means at alternative locations.
- The right to inspect and copy your protected health care information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practice from Advanced Audiology.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with Advanced Audiology, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. Advanced Audiology will not retaliate against you for filing a complaint.

Please contact us for more information:
Advanced Audiology
600 Ironwood Dr.
Suite F
Franklin, IN 46131
(317) 736-0080

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: (877) 696-6775