



ADVANCED HEARING, LLC.

## **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.**

The practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The term “protected health information,” means any health information about your health and health care services that you have received or may receive in the future.

This Notice of Privacy Practices applies to any health care professional or administrative staff employed by Advanced Hearing. It also applies to our business associates (including billing services or facilities to which we refer patients), on-call physicians, and so on.

### **OUR COMMITMENT TO YOU**

We understand that your medical information is personal to you, and we are committed to protecting your health information. As your health care provider, we create medical records about your health and the services or items we provide to you as our patient. We need this record to provide your care and to comply with certain legal requirements.

### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following are examples of different ways that we use and disclose protected health information. Each type of use or disclosure provides a general explanation and provides some examples of uses. This list does not include every potential use or disclosure of information in a category. The explanation is provided only to help you understand how the practice may use or disclose your protected information in compliance with any authorizations or consents required by law.

**Medical Treatment** We will use medical information about you to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. Therefore we often disclose medical information about you to doctors, nurses, pharmacists, laboratory or imaging technicians, hospital or home health personnel who are involved in taking care of you. We may also disclose information to other health care providers who may be treating you or to whom we may refer you for care. These doctors may need information from your medical record to provide appropriate care.

We also may disclose medical information about you to people outside our practice who may be involved in your medical care after you leave our practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

**[www.AdvancedHearingGA.com](http://www.AdvancedHearingGA.com)**

Alpharetta | Atlanta St. Joseph | Dawsonville | Decatur | East Cobb/Marietta | Johns Creek | Lawrenceville | Roswell | Snellville | Sandy Springs | Suwanee

**Payment** We may use and disclose medical information about you for services and procedures so we may obtain payment from you, an insurance company, or any other third party. For example, we may need to give your health care information to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations** We may use and disclose medical information about you so that we can run our practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing your treatment to evaluate the performance of our staff, to decide what additional services to offer, to decide what services are not needed, and to evaluate new treatments. We may also disclose information to doctors, physician assistants or nurse practitioners, nurses, technicians and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to evaluate and improve our performance. Where possible, we will remove information that identifies you so others may use it to study health care and health care delivery without learning the identity of individual patients.

We may also share information about you to external entities for utilization review and/or quality assurance, for compliance with legal requirements, to verify our records. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical records.

**Appointment and Patient Recall Reminders** We may ask that you sign in at the Receptionists' Desk, a "Sign In" log on the day of your appointment with the practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the practice or that you are due to receive periodic care from the practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving of an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others. Please let us know in writing if this is not acceptable or if there is another telephone number, e-mail address, or method of notification you prefer.

**Emergency Situations** In addition, we may disclose medical information about you to an organization assisting in an emergency situation so that your family can be notified about your condition, status and location.

**Research** Under certain circumstances, we may use and disclose medical information about you for research purposes such as medications and efficiency of treatment protocols. Before we use or disclose medical information for research, the project will have been reviewed and approved. If possible, we will make the information non-identifiable to a specific patient. We will obtain an authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If the information has been sufficiently de-identified, an authorization for the use of disclosure is not required.

**Required By Law** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Worker's Compensation** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control a disease, injury or disability
- To report births and deaths

- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Investigation and Government Activities** We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.

**Law Enforcement** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the practice; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors** We may release medical information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the practice to funeral directors as necessary to carry out their duties.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact our office manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

**You will not be penalized for filing a complaint.**

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

The practice may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at that time with the last revision date in the lower-left corner. The current notice will always be posted in our office and on our practice website {www.entofga.com}. To request a revised Notice of Privacy Practices, you may:

1. Call the office and request a copy be sent to you at your mailing address.
2. Ask for a copy at your next visit to our office.
3. Open our website and read or print a copy of the current notice.

## PATIENT RIGHTS

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer. Ask the front desk person for the name of the Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Compliance Committee review the denial. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

- **Right to Amend** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for the practice;
3. Is not part of the information which you would be permitted to inspect and copy, or;
4. Is inaccurate and incomplete.

- **Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosures” made by this practice after April 14, 2003. This is a list of the disclosures we made of medical information about you to others that are not involved with your treatment, payments of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received.

We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is accepted from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request in writing. In your request, you indicate:

1. What information you want to limit
  2. Whether you want to limit our use, disclosure or both; and
  3. To whom you want the limits to apply, (e.g., disclosures to your children)
- **Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voicemail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- **Contact Information** – For more information, please contact Advanced Hearing’s Privacy & Compliance Officer at (770) 220-8400 or the Office of Civil Rights at (404) 347-3125.