

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.

This “Notice of Privacy Practices” (“NPP”) describes how we may use and disclose your Protected Health Information, as well as your rights to access and control your Protected Health Information. “Protected Health Information” (“PHI”) is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health and related health care. We are required to safeguard your PHI, to provide you with notice of our legal duties and privacy practices and to abide by the terms of this Notice of Privacy Practices. This notice takes effect on December 9, 2009 and will remain in effect until we replace or modify it. A printed version of this Notice of Privacy Practices can be obtained by calling our office to request a copy be sent to you in the mail.

Uses and Disclosures of PHI

Uses and Disclosures of PHI for Treatment, Payment and

Healthcare Operations

Your PHI may be used and disclosed by your doctor of audiology, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services, to pay your health care bills and/or to support the operation of our practice. Below are some examples of the types of uses and disclosures we may make. These examples are not meant to be exhaustive or all-inclusive.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with the healthcare personnel at the offices or facilities at which we treat you, or other locations where you are treated. For example, we would disclose your PHI, as necessary, to physicians who may be treating you, or to a nursing facility that provides care to you. We may also disclose your PHI to obtain durable audiological equipment for you (e.g., hearing aids, assistive living devices, accessories).

Payment: Your PHI will be used, as needed, to obtain payment for your health care services, through billing, claims management and collection activities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities, including preauthorization of services. For example, a claim submission to your insurer would require your condition and services rendered to be disclosed to the insurer for payment.

Healthcare Operations: We may use or disclose, as needed, your PHI to support our business activities. These activities include, but are not limited to, quality assessment, employee review and licensing. We may use or disclose your PHI, as necessary, to contact your power of attorney or residential facility (if applicable) to remind you or the staff of your scheduled care. We may share your health information with third party “business associates” that perform various activities (e.g., billing) for the practice. Any arrangement with a business associate involving the use or disclosure of your PHI, will have a written contract that contains terms to safeguard your PHI.

Uses & Disclosures of PHI with Your Written Authorization

Uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI, may only be made with your written authorization.

Other uses and disclosures of your PHI not described in this NPP will be made only with your written authorization, unless otherwise required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Ascent Audiology & Hearing/Northland has taken an action in reliance on the use or disclosure indicated in the authorization.

Permitted or Required Uses & Disclosures with Your Opportunity to Object

Others Involved in Your Healthcare: Unless you object, we may disclose your PHI to a member of your family, a close friend or any others who are involved in your healthcare or help pay for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Emergencies: We may use or disclose your PHI in an emergency treatment situation, without your authorization.

Communication Barriers: We may use and disclose your PHI if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Uses and Disclosures Without Your Authorization

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- as required by law;
- for public health activities;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other legal proceedings;
- to law enforcement officials pursuant to subpoenas and other lawful processes;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to avert a serious threat to health or safety;
- in connection with certain research activities;
- to the military and federal officials for lawful intelligence, counterintelligence and national security activities;
- as authorized by state worker's compensation laws.

Required Uses & Disclosures: Under the law, we must make disclosures to 1) you and 2) to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Your Rights

You have the right to access and receive copies of your PHI. You must request this in writing. You have the right to one free copy of your PHI per 12-month period. Additional requests during a 12-month period will incur an administration fee.

Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Please contact our Privacy Officer about accessing your medical record.

You have the right to request a restriction of the use and disclosure of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. This also includes your right to restrict certain disclosures of PHI to a health plan where you pay out-of-pocket in full for a health care item or service. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Ascent Audiology & Hearing/Northland is not required to agree to any restriction requested, with the exception of a restriction to a health plan when you pay out-of-pocket in full. If we believe it is in your best interest to allow use and disclosure of your PHI, your PHI will not be restricted. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with our Privacy Officer.

You have the right to receive confidential communications from us. We will accommodate reasonable requests to communicate by alternative means. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your PHI amended. You must request this in writing. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to your residential facility (if applicable), to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after December 9, 2009. The right to receive this information is subject to certain exceptions, restrictions and limitations. You also have the right to be notified if there is a breach of any unsecured PHI that affects you.

You have the right to obtain a paper copy of this notice from us, upon request.

Contact:
**Ascent Audiology & Hearing
Privacy Officer**
(703) 942-8110
privacy@HearingAidDoctors.com

To lodge a health information privacy or security complaint, please consult the following page from the U.S. Department of Health and Human Services:
<https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.