

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health & Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health & Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health & Human Services.

The Privacy Rule portion of the HIPAA regulations requires our practice to submit a copy of the Notice of Privacy Practices to each patient, both existing and new. If the patient refuses to sign the notice, Arizona Hearing Specialists is not obligated to treat the patient.



HIPAA NOTICE OF PRIVACY PRACTICES



**As Doctors of Audiology,
We Help You Hear Your Best**

The Notice of Privacy Practices is required by the Privacy Regulations stemming from the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Notice of Privacy Practices explains how your medical information may be used/disclosed and how you can get access to your medical information.

This practice is determined to protect the privacy of your medical information. As we provide service to you, we create and store health information (a medical record) that identifies you. It is often necessary to share or disclose this health information in order to provide treatment for you, obtain payment and to conduct healthcare operations in our office.

This Notice of Privacy Practices requires us to:

1. Keep your medical records private and to provide you with this notice.
2. Change our privacy practices and the terms of this notice at any time, ensuring our notice is effective, even for information recently obtained.
3. Before we make an important change in our privacy practices, we would change this notice and make the new notice available upon request.

The following is a description of the different circumstances that may require this practice to use or disclose your medical information:

1. Share medical data with another provider who is responsible for your care (physicians, audiologists, nurses, any other healthcare professionals, technicians, students in healthcare, or any other people who take care of you), make referrals and/or placing lab/prescription orders.
2. Share your health insurance plan information about a treatment you received at our practice when filing a claim for reimbursement or determination of benefits.
3. Disclose your medical information for our healthcare operations.
4. Share information about your condition(s), location and/or death to family member(s), or your personal representative(s). Prior permission by you will be obtained unless in case of emergency. If we are unable to obtain permission, we will share only the health information directly necessary for your healthcare.
5. Disclose medical information to a medical examiner to identify a deceased person or to determine the cause of death, or for tissue donations.

6. Medical information may be disclosed if you are military personnel, either active or a veteran, and if required by the appropriate authorities.
7. Share medical data to the public health and/or law enforcement official whose job is to prevent or control disease, injury or disability.
8. Share medical data to a representative from the Food and Drug Administration for the purpose of reporting adverse effects stemming from defective products, etc
9. Medical information may be disclosed when necessary to comply with Workers' Compensation.
10. Medical information may be disclosed when in response to a court and/or administrative order in a lawsuit or similar proceeding.

You have individual rights as part of the notice of Privacy Practices. As a patient of Arizona Hearing Specialists, you have the right to:

1. Photocopies of your medical records on file and/or a copy of this Notice of Privacy Practices. If you need a photocopy, please notify the receptionist.
2. Receive a list of all the times your medical information has been shared by our office or our business associates, other than treatment, payment, healthcare operations and/or other specified exceptions.
3. Request we communicate with you about your medical information by different means or to different locations. This request must be made in writing to Arizona Hearing Specialists.
4. Request a change to your health information if you think it is incomplete or inaccurate. However, if the audiologist, hearing healthcare professional or office personnel believe the patient's health information is complete and accurate, he/she can refuse to make the requested changes. This request must be made in writing to Arizona Hearing Specialists.
5. Request a paper copy if you have received this Notice of Privacy Practices electronically. This request must be made in writing to Arizona Hearing Specialists.