



HEARING SYSTEMS HIPAA PRIVACY NOTICE

We understand that medical information about you and your health is personal. We are committed to protecting the confidentiality of your medical information. As part of our routine operations, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

Federal law requires us to 1) make sure that medical information that identifies you is kept private, 2) give you the notice of our legal duties and privacy practices and 3) follow the terms of the notice that is currently in effect.

If the practices described in this notice meet your expectations, there is nothing you need to do. If you have any questions regarding this Privacy Notice, please contact our Privacy Officer, Dr. Gemma Wall at 281-507-7886.

All employees of our company follow the terms of this notice. Some employees may share medical information with each other for the purposes of treatment, payment or health care operations as described by this notice.

HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU

For Treatment – We may use medical information about you to provide you with products or services. We may disclose medical information about you to other employees in order to coordinate the different products and services and we offer, such as lab personnel who may build and or repair your hearing aid. We may also disclose medical information about you to people outside the facility who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

For Payment – We may use and disclose medical information about you so that treatment, product and services you received for us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your insurance company information about hearing aids you received from our company so your health plan will pay us or reimburse you for the products. We may also tell your health plan about a treatment or product you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations – We may use and disclose medical information about our facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our clients receive quality care. For example, we may use medical information from a number of clients to review our products and services to see if we need to make changes, or to evaluate the performance of our staff in caring for you.

Appointment Reminders – We may use and disclose medical information to contact you as a reminder that you have an appointment at our facility.

Treatment Alternatives – We may use and disclose medical information to tell you about or recommend products or services that may be of interest to you.

Health-Related Benefits and Services – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care – We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

As Required by Law – We will disclose medical information about you when required to do so by federal state or local law. We may also release medical information if asked to do so by law enforcement officials such as in response to a court order or subpoena.

Health Oversight Activities – We may disclose medical information to a health oversight agency or activities authorized by law. For example, we may disclose information to the Texas Department of Health relating to an audit for licensure.

Your Right Regarding Medical Information About You – You have the following rights regarding medical information we maintain about you. To exercise any of these rights, you submit the request in writing to: Hearing Systems, Attn: Gemma Wall, Au.D., 16103 West Little York Rd., Ste. F, Houston, TX 77084.

Right to Inspect and Copy – You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. If you request a copy of the information, we may charge a fee of \$10.00 for the costs of copying, mailing and administration.

Right to Amend – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. As part of your written request to amend, you must provide a reason that supports your request.

*We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by our facility, is not part of the information that you would be permitted to inspect a copy or if you ask us to amend information that is accurate and complete.

Right to an Accounting of Disclosures – This is a list of the disclosures we made of medical information about you. Your request must state a time period and way not include dates before February 01, 2006. The first list your request in a 12-month period will be free.

For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify you request 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 or request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. Written request for restrictions must tell us 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.

*WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST.

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 certain locations, such as to contact you at home and not at work. Written requests for confidential communications must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Changes to this Notice – We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information. We already have as well as any information we receive in the future. We will post a current copy of the notice in the facility.

Complaints – If you believe your privacy rights have been violated, you may file a complaint with Hearing Systems or with the Secretary of the Department of Health and Human Services. To file a complaint with our company, submit your complaint in writing to: Hearing Systems, Attn: Gemma Wall, Au.D., 16103 West Little York Rd., Houston, TX 77084 or State Board of Examiners for Speech-Language Pathology and Audiology or Patrice Kennemer, Customer Service Coordinator, PO Box 149347, MC-1913, Austin, Texas 78714-9347.

Acknowledgement – We may ask you to acknowledge your receipt of this Privacy Notice. Should you decline to acknowledge receipt of this notice, we may record in your medical records the date the notice was given to you.

I ACKNOWLEDGE THE RECEIPT OF THIS PRIVACY NOTICE ON THIS DATE _____.

Option 1

_____ I AUTHORIZE _____ TO RECEIVE COPIES OF MY RECORDS.

Initials

Option 2

_____ I WISH TO KEEP MY MEDICAL RECORDS COMPLETELY CONFIDENTIAL FROM EVERYONE.

Initials

Signature

Date