

## 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.**

Hearing Clinic of Greater New Orleans, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at this office please contact Dr. Michele Spector at 504-301-1271.

**Effective Date of This Notice: January 1, 2012**

### **I. How Hearing Clinic of Greater New Orleans May Use or Disclose Your Health Information**

Your audiologist and their office staff collect health information from you and store it in a chart and on a computer. This is your medical record. The medical record is the property of your audiologist, but the information in the medical record belongs to you. This office protects the privacy of your health information. The law permits our office to use or disclose your health information for the following purposes:

1. Treatment. Our office records information about each contact that you have with the audiologist in this office. This includes pertinent parts of the information (history) that you provide physical findings, audiologist impressions, and recommendations for treatment. The information may include history, treatment, or other information shared with other treating healthcare providers. This information also may include telephone contacts with you and your other healthcare providers. This information is used to help this office, and other treating healthcare providers understand your unique health history and needs, and your responses to treatment.
2. Payment. HIPAA defines payment, in relation to health care providers such as us, as activities to obtain reimbursement for the health care products and services that we provide to you. These activities include primarily billing you directly or someone who pays for your health care, such as a family member or health insurance company, for health care products and services that we provide to you. Activities related to billing may include claims management, collections, and related health care data processing. Depending on who pays for the health care products and services that we provide you, other activities may include determination of eligibility or coverage; medical necessity; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; concurrent and retrospective review of services; and disclosure to consumer reporting agencies of some or all of the following information necessary for collection of payment: name and address; date of birth; social security number; payment history; account number or numbers; and name and address of the health care provider and/or health plan. We will use and disclose your information to secure and carry out the above activities as necessary or required to obtain payment for the health care products and services that we provide to you.
3. Regular Health Care Operations. We record demographic information that you provide to us, file insurance claims, and interact with your insurance carrier to secure pre-certification and referrals for the care recommended by your audiologist. We also provide information about your personal health information to hospitals and other healthcare providers who may be, or become involved, in your care. In summary, they facilitate the delivery of health care to and for you in your sojourn through our office.
4. Business associates. The nature of the health care system is such that we may not be able to provide health care products and services to you without the involvement of other businesses or

persons. Depending on what these other businesses or persons do for us, they may become “business associates” as defined by HIPAA. In many situations, we will need to use or disclose certain information to these business associates so that they can carry out the activities on our behalf necessary to provide you with health care products and services. Contracts have or will be submitted to all of our business associates.

5. Disclosures of your personal health information not involving treatment, payment, and health care operations. We may find it necessary to communicate with businesses and individuals not already described above. Most of these disclosures will be related to providing treatment to you, and to carrying out payment and health care operations as discussed above. We may also communicate with you directly, as well as others who assist you with your health care, commonly referred to as caregivers. We will disclose your information to these caregivers, or appropriate others, as we believe necessary and appropriate for your health care.
6. Communications with you concerning your health and treatment. We routinely monitor your hearing instruments or amplification devices for appropriateness and take other steps to help you use your instruments properly. For example, if our records show that a clean and check or update of your instruments is due, we may contact you to remind you to schedule an appointment for this reason. We may also call you or send you materials regarding products and services that we believe may be of benefit to you. As a final example, in the event of a hearing instrument or amplification device recall, we may contact you, if you are utilizing the instrument subject to the recall.
7. Required by law. As required by law, we may use and disclose your health information.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

15. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes. Disclosures for government benefits purposes are limited to health plans only.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Change of Ownership. In the event that this practice is sold or merged with another organization, your health information/record will become the property of the new owner.

## **II. When Hearing Clinic of Greater New Orleans, LLC May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Hearing Clinic of Greater New Orleans, LLC will not use or disclose your health information without your written authorization. If you do authorize our office to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Hearing Clinic of Greater New Orleans is not required to agree to the restriction that you request.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Your request must be in writing and define the alternative means and/or location, your willingness to pay for this service, the method of payment, and your recognition that the office may not be able or willing to meet your request.
3. You have the right to inspect and copy your health information. The office has the right to charge copying fees.
4. You have a right to request that Hearing Clinic of Greater New Orleans amend your health information that is incorrect or incomplete. Hearing Clinic of Greater New Orleans is not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Hearing Clinic of Greater New Orleans, except that we do not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 5 (disclosures of your personal health information not involving treatment, payment, and health care operations), 6 (communications with you concerning your health and treatment), and 16 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact Dr. Michele Spector at 504-301-1271.

## **IV. Changes to this Notice of Privacy Practices**

Hearing Clinic of Greater New Orleans reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made Hearing Clinic of Greater New Orleans is required by law to comply with this Notice. The revised Notice will be posted in the office with the effective date of the revision.

## **V. Complaints**

Complaints about this Notice of Privacy Practices or how Hearing Clinic of Greater New Orleans handles your health information should be directed to:

Dr. Michele Spector at 504-301-1271 or by mail at the office address of this practice.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.