

**FAMILY AUDIOLOGY ASSOCIATES, INC.**  
**NOTICE OF PATIENT 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.**

If you have any questions or comments about this Notice please contact:

Family Audiology Associates, Inc.

950 S. Main St. Suite 4

Celina, OH 45822

419-584-2255

Our Privacy Officer is: Dr. Ellen Hunter, Au.D., Co-operating Manager

Who Does this Notice Apply to?

This Notice has been published by Family Audiology Associates, Inc. It applies to everyone who works for Family Audiology Associates, Inc., including our employees, contractors and volunteers.

Why Do We Publish this Notice?

As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about our patients and provide them with notices of our legal duties and privacy practices with respect to their information.

While we are committed to the privacy of our patient's information, in order to serve them we need to gather, keep, and use records of this information. We sometimes also need to share information with other parties. This Notice is intended to let you know how we use and disclose your information.

This Notice is also to let you know about certain legal rights you have with respect to the information we hold about you. You have certain rights to review and copy our records of information about you. You may also request that we amend these records and may ask us to account for certain disclosures we may have made of information about you.

### When Is This Notice Effective?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice and make the new terms effective for all information to which this Notice applies. This Notice will be in effect from August 1, 2004, until the date we publish an amended Notice. If we do publish an amended Notice, we will notify you by sending a copy to you at your last address shown in our records. We will also publish the amended Notice in our offices and may publish it on our web site if we maintain one.

### What Information Does this Notice Cover?

This Notice covers all information in our written or electronic records which concerns you, your health care, and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care, or manage some of our administrative operations.

### Why Do We Ask You to Sign a Consent Form?

We can only use or disclose information about you in very limited ways without your consent. However, we cannot provide treatment and cannot conduct payment and certain necessary health care operations activities without using or in some cases disclosing your information. Since these are essential activities for us, we need you to give your written consent for these purposes. Because this is such important information, if you refuse to consent we may not be able to provide you care.

### When Can We Use or Disclose Information about You?

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written authorization or consent.

*With your written consent*, we can use or disclose your information for the following purposes:

- **Treatment:** We may use or disclose information about you for treatment purposes to doctors, nurses, technicians, medical students, or other individuals who work in our practice who are involved in providing you with health care. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories, social workers, and so on.

For example, if we refer you to another physician or a hospital for specialty services, we will provide that physician or hospital with all clinical information which might be necessary or helpful to help them provide you with the right care.

These are only examples, and we may use or disclose information about you to

provide you proper treatment in many other ways.

- **Payment.** We may use or disclose information about you for payment purposes to our clerks and officers involved in billing and claims payment. We may also disclose such information to your health plan or other party financially responsible for your care or to claims and billing services, if necessary.

For example, if you are covered by a health plan, we cannot get paid for the services we provide you unless we submit information in a claim. This might include detailed clinical information depending on the kind of plan and claim. This is only an example, and there may be many other ways in which we may use or disclose information about you in connection with payment for your care.

- **Health care operations.** We may use or disclose information about you for operations in connection with our practice. These activities might include practice quality improvement, training of medical students, insurance underwriting, medical or legal review, and business planning or administration of our practice.

For example, we may wish to review the quality of care you receive in order to help us deliver the best care we can. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for health care operations in many other ways.

*Without your consent or authorization*, we may disclose information about you only for the following purposes:

- To a public health agency for purposes such as controlling disease.
- In case of suspected child abuse, to the appropriate governmental authority.
- In other cases of suspected abuse, neglect, or domestic violence to the appropriate governmental authority with your agreement, or if required by law, or if you are incapacitated, or it appears necessary to prevent serious harm to you or others.
- To health oversight authorities, for regulatory, licensing and other legal purposes.
- In litigation, subject to certain requirements controlling the terms of the disclosure.
- To law enforcement agencies, subject to applicable legal requirements and limitations.
- For medical research purposes, subject to your authorization or approval by an institutional review board.
- If you are in the United States military, national security or intelligence, or foreign service, to your authorized superiors or other authorized federal officials.

We may send you information to support your health care, including appointment reminders, information about alternative treatments and health-related services which may be of interest to you. *Please advise us if you do not wish to receive such communications*, and we will not use or disclose your information for such purposes. If you wish not to receive this kind of communication, you must advise us in writing at our contact address given above.

We may not use or disclose information about you for any other purpose without your written authorization provided separately from your written consent.

### What Legal Rights Do You Have In Connection With Your Information?

By law, you are entitled to:

- Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do, we must make sure the restrictions are implemented.
- Receive confidential communication from us at an alternative address you provide to us.
- Review our records of your information.
- Obtain a copy of all or any part of our records of your information. We may charge you a reasonable copying charge of \$.50 per page.
- Ask us to amend your records, if you believe that they are incorrect or incomplete. We are not required to make such an amendment. If you request an amendment and we determine we will not make it, you are entitled to have a statement of your disagreement included in your records. If you do include a statement disagreement in your records, we may include a statement of explanation or response in your records as well.
- Obtain an accounting of all persons to which we have disclosed information about you for any purposes except your treatment, payment for your treatment, or our health care operations.
- If you have provided us with an authorization for any purpose, you may revoke it any time. You may revoke an authorization by giving us written notice at our contact address given above. Your revocation will be effective as of the time we receive it and will not apply to any uses or disclosures which occur before that time.
- You may revoke your consent to uses and disclosures for treatment, payment, and health care operations purposes at any time. You may revoke your consent by giving us written notice at our contact address number given above. Your revocation will be effective as of the time we receive it and will not apply to any uses or disclosures which occur before that time. If you revoke your consent, we may elect to discontinue your health care treatment.
- If you believe we have violated your privacy rights, you may forward us a written complaint to our contact address given above. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint, we are legally prohibited from retaliating against you.