



## Notice of Privacy Practices

### INTRODUCTION:

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs. At KY Hearing Clinic, LLC we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective and applies to all protected health information as defined by federal regulations.

### UNDERSTANDING YOUR HEALTH RECORD:

Each time you visit KY Hearing Clinic, LLC a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment, means of communication amongst the many health professionals who contribute to your health care, legal documents describing the care you received, means of by which you or a third party payer can verify that services billed were actually provided, tool in educating professionals, source of data for medical research, source of information for public health officials charged to improve the health of the state and nation, source of data for our planning and marketing, and tool by which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

### YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of KY Hearing Clinic, LLC the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies upon request.
- Inspect and obtain a copy of your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with state law).
- Amend your health record as provided by 45CFR 164.526.
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528.
- Request confidential communication of your health information as provided by 45 CFR 164.522b.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522a (however, we are not required by law to agree to a requested restriction).

### OUR RESPONSIBILITIES

Our practice is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.

- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date in the top, right hand corner. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request. We will not use or disclose your health information in a manner other than described in the section regarding “Examples of Disclosures for Treatment” and “Payment and Health Operations” without your written authorization, which you may revoke as provided by 45 CFR 164.502b5, except to the extent that action has already been taken.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact our practice’s privacy officer, Anita DeWitt at (502)632-1460.

If you believe your privacy rights have been violated, you can either file a complaint with KY Hearing Clinic, LLC or with the Office for Civil Rights, US Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR regional office for Kentucky is as follow:

Office for Civil Rights  
US Department of Health and Human Services  
Atlanta Federal Center, Suite 16T70  
61 Forsyth Street, SW  
Atlanta, GA 30303-8909

#### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS**

We will use your health information for treatment. We may provide medical information about you to health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care. For example, information obtained by a member of our health care team will be recorded in your record and used to determine the best course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care. We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you. We will use your health information for payment. We may disclose your information so that we can collect or remake payment for the health care services you receive. For example, if you participate in a health insurance plan, we will disclose necessary information to that plan to obtain payment for your care. We will use your health information for regular health management. We will obtain your written permission before disclosing your personal information. We may disclose your health information for our routine administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions of KY Hearing Clinic, LLC. For example, members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce healthcare costs.

#### **Appointment Reminders**

We may disclose information to provide appointment reminders (e.g. contacting you at the phone number you have provided us and leaving a message as an appointment reminder).

Workers Compensation

We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Research**

We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver from the Institutional Review Board/Privacy Board, who has reviewed the research proposal.