

## **Advanced Audiology of New Tampa, LLC**

### **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.

This notice describes the type of information Advanced Audiology gathers about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your health information and the right to approve or refuse the release of specific information except when it is required by law. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions regarding this Privacy Notice, please contact our Privacy Officer.

#### *Who Will Follow This Notice?*

This notice describes the practices of Advanced Audiology and of all of its employees. These persons may share information with each other for purposes of treatment, payment, or healthcare operations described in this notice.

#### *Our Pledge Regarding Health Information*

We understand that information about you and your health is personal. We are committed to protecting the confidentiality of your health 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. This notice applies to all records of your care generated by Advanced Audiology.

#### *Federal law requires us to:*

- \* Make sure that health information that identifies you is kept private
- \* Give you this notice of our legal duties and privacy practices with respect to health information about you
- \* Follow the terms of this notice

#### *How We May Use and Disclose Health Information About You*

The following categories describe different ways that we use and disclose health information. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

\* For Treatment. We may use information about you to provide you with hearing health care. We may disclose information about you to other Hearing Center personnel who are involved in your care. We may disclose information about you to people outside Advanced Audiology who may be involved in your hearing health care after you leave the facility, such as family members, caregivers, or other health care providers. For example, we may send a report of your hearing evaluation to your doctor.

\* For Payment. We may use and disclose information about you so that the services you receive here 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 an evaluation you received here so your health plan will pay us or reimburse you for the evaluation. We may also tell your insurance company about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the service.

\* For Health Care Operations. We may use and disclose information about you for Hearing Center operations. These uses and disclosures are necessary to run the practice and make sure that all of our patients receive quality care. For example, we may use information to review our services and to evaluate the performance of our staff in caring for you. We may also combine information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new services are effective.

\* Appointment Reminders. We may use and disclose information to contact you as a reminder that you have an appointment at Advanced Audiology.

\* Treatment Alternatives. We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may send you information about new products or services available through our practice. Please contact us if you do not wish to receive these communications.

\* Individuals Involved in Your Care or Payment for Your Care. We may release information about you to a friend or family member who is involved in your health care, or to someone who helps pay for your care.

\* As Required By Law. We will disclose information about you when required to do so by federal, state or local law.

#### *Special Disclosure Situations*

\* Workers' Compensation. We may release information about you to Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

\* Abuse or Neglect. We may inform government authorities if it is believed that an individual is the victim of abuse, neglect, or domestic violence.

\* Health Oversight Activities. We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

\* Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

\* Threats to Health and Safety. We may use or disclose your information if we believe in good faith that it is necessary to prevent or diminish a serious and imminent threat to your health or safety or to the health and safety of the public.

\* Law Enforcement. We may release information if asked to do so by a law enforcement official, including the following situations:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Advanced Audiology; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

\* Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement

official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### *Your Rights Regarding Health Information About You*

You have the following rights regarding health information we maintain about you:

\* **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health care and billing records.

To inspect and copy your health information, you must submit your request to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances (for example, if it is determined that access is likely to endanger your life or safety or that of another person). If you are denied access to medical information, you may request that the denial be reviewed.

\* **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, 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. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for this practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

\* **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of health information about you for reasons other than to carry out treatment, payment, or health care operations. The list will not contain disclosures which you requested, disclosures to you or to friends or family members involved in your care, disclosures for which you have signed an authorization, or disclosures to correctional institutions or law enforcement officials. To request this list, you must submit your request to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

\* **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you

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.

\* Right to Request Confidential Communications. You have the right to request that we communicate with you about hearing health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

\* Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer.

### *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 about you as well as any information we receive in the future. We will post a copy of the current notice in the practice reception area. The notice will contain on the first page, in the top right-hand corner, the effective date.

### *Complaints*

If you believe your privacy rights have been violated, you may file a complaint with Advanced Audiology or with the Secretary of the Department of Health and Human Services. To file a complaint with Advanced Audiology, contact our Privacy Officer. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

### *Other Uses of Health Information*

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### *Contact Person*

Our Privacy Officer can provide information concerning issues related to this notice. Our Privacy Officer may be contacted at:

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