

KITSAP AUDIOLOGY



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Notice of Privacy Practices for Protected Health Information

This notice describes how your personal health information may be used and disclosed and how you can get access to this information. Please review it carefully.

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. **Protected health information (PHI)** is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examinations, diagnosis, and treatment, and applying for future care or treatment. It also includes billing documents for those services.

Treatment:

The doctor or front desk person obtains treatment information about you and records it in a health record. During the course of your treatment, if the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Payment:

We submit a request for payment to your health insurance company. The health insurance company may request information from us regarding medical care given. We will provide information to them.

Health Care Operations:

We obtain services from our insurers or other business associates such as legal services, insurance, and labs. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Notification:

Unless you object, we may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or other responsible person for your care, about your location, and about your general condition.

Communication with Family:

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration:

We may disclose to the FDA your PHI relating to adverse events with respect to products and product defects or post marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation:

If you are seeking compensation through Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

Public Health:

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

Abuse and Neglect:

We may disclose your PHI to public authorities as allowed by law to report abuse and neglect.

Correctional Institutions:

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your PHI necessary for your health and the health and safety of other individuals.

Law Enforcement:

We may disclose your PHI for law enforcement purposed as required by law, such as a court order.

Appointment Reminders:

We may disclose your PHI to provide you with appointment reminders such as voicemail messages, postcards, or letters.

You're Health Information Rights:

The health and billing records we maintain are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- ◆ Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but will comply with any request granted;
- ◆ Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information Notice by making a request at our office;
- ◆ Request that you be allowed to inspect and copy your health records and billing records with an appointment- you may exercise this right by delivering the request in writing to our office;
- ◆ Appeal a denial of access to your protected health information except in certain circumstances;
- ◆ Request that your health care records be amended to correct incomplete or incorrect information by delivering a written request to our office;
- ◆ File a statement of disagreement if your amendment is denied, and require that the request for amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your health information;
- ◆ Obtain an accounting of disclosures of your health information it is required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations. Disclosures made to you or made at your request or disclosures made to family members of friends in the course of providing care;
- ◆ Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- ◆ Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Eva Gagnon, (360) 373-1250, 2601 Cherry Ave., Suite 211, Bremerton, WA 98310, in person or writing, during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Our Responsibilities

The practice is required to:

- ◆ Maintain the privacy of your health information as required by law

- ◆ Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you
- ◆ Abide by the terms of this Notice
- ◆ Notify you if we cannot accommodate a requested restriction or request
- ◆ Accommodate your reasonable requests regarding methods to communicate health information with you
- ◆ We reserve the right to amend, change, or eliminate provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Eva Gagnon, (360) 373-1250.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Eva Gagnon. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.