NOTICE OF PRIVACY PRACTICES (HIPAA)
HEALTH INSURANCE PORTABILITY AND ACCOUNTABLITY ACT

Federal law requires our practice to ensure the privacy of your personal health information. The law also requires us to give you this notice about your privacy rights, our privacy practices, and our legal duties regarding your health information. This notice describes the information privacy practices followed by our employees, staff, and other personnel.

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 is provided in two forms. This form briefly summarizes how we handle your health information. This form must be signed and kept in your personal file. The other form provides further details of our privacy policies and procedures and may be taken home for your records.

How we may use and disclose your health information: We may use your health information for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care you receive. For example, your health information may be shared with a doctor we refer you to. Information may be shared by paper, mail, electronic mail, or other methods. We may use or disclose your information without your authorization for several reasons. Beyond these situations, we will ask for your written consent before using or disclosing your health information. If you sign an authorization to disclose information you can later revoke it to stop any future uses or disclosures.

Your right: In most cases, you have the right to look at or get a copy of your health information that we use to make decision about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or missing you have the right to request we correct the existing information or add the missing information by filing an amendment with our office. We have the right to refuse such an amendment if we did not create the information, it is not part of the information we keep, the information is accurate and complete, or if it is part of the records you would not be permitted to inspect or copy.

Our legal duties: We are required by law to protect the privacy of your health information, to provide this notice of our privacy practices, follow the privacy practices that are described in this notice and seek your acknowledgement of receipt of this notice. We may change our privacy policies at any time; but before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

Privacy complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we have made about access to you health information you may contact our office or send a written complaint to the U.S. Dept. of Health Services at the appropriate address. If you have any questions or complaints please contact Family Hearing Specialists, LLC, 1220 S. Willow St., North Platte, NE 69101.

Client Signature:_____ Date:_____