THE HEARING CLINIC NOTICE OF PRIVACY PRACTICES

Effective April 2017

THIS NOTICE IS TO DESCRIBE HOW AUDIOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your audiological information is personal. We are committed to protecting your health care information. We create a record of the care and services you receive at this office. We use health information about your for your treatment, to obtain payment for services, for administrative purposes, and to evaluate the quality of care that you receive.

We will ask you for your written authorization before using or disclosing any protected health information about you. We provide information when otherwise required by law enforcement in specific circumstances. We may use or disclose protected health information about you without your written authorization for several other reasons including auditing purposes, public health purposes, for research studies, and for emergencies. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may contact you via letter or phone to provide appointment reminders. We may leave messages on your answering machine for these reminders, and certain hearing information. We may contact you via electronic communication pending your approval. If you initiate electronic communication, we will assume approval. We may send you quarterly information newsletters and mailings. We may disclose your health information with immediate family members known to be involved in your care.

We reserve the right to revise this Notice. Any revised Notice will be effective for all health and audiological information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in this office. You may also request a copy of our notice at any time. For more information about our privacy practices, please contact Amy E. Arnold.

YOUR HEALTH INFORMATION RIGHTS

Within the limits of federal and state law, you have the right to inspect and obtain a copy of your health information that we have created. If you request copies, we may charge a fee for costs of copying, mailing, or other supplies associated with your request. If you believe that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. You also have the right to receive a list of instances where we have disclosed hearing information about you for reasons other than treatment, payment, or related administrative purposes.

You may exercise any of the above rights by submitting via mail or in person a signed letter detailing your request to Amy E. Arnold at the address listed below.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Amy E. Arnold. You may also send a written complaint to: The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. We will not penalize your or retaliate in any way for filing a complaint.

OUR LEGAL DUTY

We are required by law to protect your health information, to provide this Notice about our information and practices, and follow the described practices listed in the Notice.

Please direct any questions about this Notice to:

Amy E. Arnold
2300 Genoa Business Park Drive Suite 130
Brighton, Michigan 48144
810-225-2205
Thehearingclinic1@gmail.com