

STATE HEARING AND AUDIOLOGY, P.C.  
6609 State Route 56, Suite 11  
Potsdam, NY 13676  
315-508-4327  
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## **NOTICE OF PRIVACY PRACTICES FOR STATE HEARING AND AUDIOLOGY, P.C.**

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 of Privacy describes how State Hearing and Audiology, P.C. may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. **Protected Health Information (PHI)** is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

### **Uses and Disclosures of Protected Health Information**

The following are examples of the uses and disclosures of your protected health care information that State Hearing and Audiology, P.C. is permitted to make once you have signed consent form.

**Treatment:** We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be provided to a physician whom you have been referred to or from, to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information may be used, as needed, to obtain payment for your health care services.

**Healthcare Operations:** We may use or disclose your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training programs, licensing or credentialing and marketing activities. We may share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services, hearing aid sales, repairs and insurance) for our office. Whenever an arrangement between our office and a business associate involves the use or disclosure for your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Others involved in your healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in

your health are. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up hearing aids, hearing aid supplies, equipment, or medical information for you.

**Appointment reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

**Marketing Services:** Occasionally we will use your health information for marketing communications such as newsletters and product information. These mailings will only come from State Hearing and Audiology, P.C.

**We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:**

**Required by law:** We may use or disclose your protected health information when we are required to do so by law. You will be notified, as required by law, of any such uses or disclosures.

**Abuse or Neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to alert a serious threat to your health or safety of the health or safety of others. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**National Security & Law Enforcement:** We may use or disclose protected health information of Armed Forces personnel to appropriate military authorities; under certain circumstances. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities. We may disclose protected health information, as long as applicable legal requirements are met, for law enforcement purposes.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. An inmate does not have the right to the Notice of Privacy Practices.

**Workers Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legal established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **Patient Rights**

**Access:** You have the right to inspect and get copies of your protected health information. You must make a request in writing to obtain access to your health information. We will charge a reasonable fee for expenses such as copier and staff time.

**Restriction:** You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. State Hearing and Audiology, P.C. is not required to agree to a restriction that you may request, but if we do, we will abide by our agreement (except in an emergency). You may request a restriction by contacting our Privacy Coordinator in writing at State Hearing and Audiology, P.C., 6604 State Route 56, Suite 11, Potsdam, NY 13676.

**Alternative Communication:** You have the right the request to receive confidential communications from us by alternative means or at any alternative location. We will accommodate reasonable

requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Coordinator.

**Amendment:** You may have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Disclosure Accounting:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Breach Disclosure:** You have the right to be notified upon a breach of any of your unsecured protected health information.

If you have questions and would like additional information, you may contact our Privacy Coordinator at 315-508-4327. If you believe your privacy rights have been violated by us, you may complain to us or the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. We support your right to the privacy of your health information.

Effective Date: September 16, 2013