

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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!!

If you consent, the office 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 is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

An audiologist or staff obtains treatment information about you and records it in a health record.

During the course of your treatment, the doctor determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of use of your information for health care operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information with you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the doctor's office. 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 offices-we are not required to grant the request but we will comply with any request granted;
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by aiming a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to our office using the form we provide to you upon request
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The doctor or audiologist or other health care provider is not required to make such amendments);
- File a statement of disagreement if your amendment is denied and require that the e request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, operations, disclosures made to you or made at your request or disclosures made to family members or 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 using the form we give you upon request.

If you want to exercise any of the above rights, please contact Cricket Audiology, LLC by phone (513) 936-4824, in person or in writing at 4760 E. Galbraith Rd., Suite 111, Cincinnati, OH 45236. We will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities

Our office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as 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; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new 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 other 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 Cricket Audiology, LLC (513) 936-4824.

Additionally if you believe that your privacy rights have been violated you may file a written complaint at our office, 4760E. Galbraith Rd., Suite 111, Cincinnati, OH 45236. You may also file a complaint by mailing it to the Secretary of Health and Human Services, Federal Building, 550 Main St., Cincinnati, OH 45202.

Other Disclosures and Uses

Notification

- We may use and disclose your protected health information to contact you to remind you that you have an appointment with us.
- Unless you object, we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care, about your location, about your general condition or your death.

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 payment for such care if you do not object or in an emergency.

Research

- With your authorization we may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief

- We may use and disclose your protected health information to assist in disaster relief efforts.
- We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations

- Consistent with applicable law we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Marketing

- We may contact you to provide you with appointment reminders, with information about treatment alternatives or with information about other health related benefits and services that may be of interest to you.

Fund Raising

- We may contact you as part of fund raising efforts.

Food and Drug Administration (FDA)

- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, 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 protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

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

Abuse and Neglect

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

- If you are an inmate of a correctional institutions, we may disclose to the institution or it's agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

- We may disclose your protected health information of law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions or to the extent an individual is in the custody of law enforcement.

Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent or as directed by a proper court order.
- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

- We may disclose your protected health information for specialized government functions as authorized by law such as Armed Forces personnel, for national security purposes or to public assistance program personnel.

Other Uses

- All other uses and disclosures must be made pursuant to your written authorization. You may revoke authorizations by delivering written revocation notice to our office.