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Office Financial Policies

HIPPA Notice of Privacy Practices

OFFICE FINANCIAL POLICIES

Payment Information: All office visits' co-payments or payments in full are payable at the time of your office visit.

When ordering hearing aids or hearing aid related accessories, a payment equal to 50% of the cost is due at the time that you receive the hearing aid(s) or accessories. Balance of the payment is due at the end of the thirty (30) day trial period.

Payments may be made by cash, check, Visa or Master Card charge.

Registration Forms: In order for us to file your insurance forms, it is necessary for us to have your current insurance and identifying information. We will ask you to complete a new registration form yearly. This will help us in staying current with contact information.

Medical Insurance: For services covered by medical insurance (diagnostic testing, some hearing aids) we will file claims electronically on your behalf. We will need to copy your insurance card yearly or at any time when your insurance coverage has changed.

To accommodate our patients' needs, we have enrolled as a provider in a number of insurance programs. While we are happy to provide this service to you, it is difficult for us to keep track of all individual requirements for each plan. Each plan has different restrictions regarding how often services may be rendered and/or the type of contract your employer has negotiated. We are most concerned with providing quality hearing and balance care. Should your insurance have special requirements or restrictions which are not a covered service, and your insurance denies payment, then payment of these services will be your responsibility.

Audiology Fees and Payments: Please check with your insurance company regarding coverage for hearing aids and/or hearing aid related services. Payment for ordered devices (including but not limited to hearing aids, ear molds, and assistive listening devices) is expected when the order is picked up with the balance being expected at the end of your trial period, if applicable. Payment options will be discussed at the time of your appointment should this be a needed service.

Medical Card: Patients covered by Medicaid must present their card at each visit. This is a state regulation.

HIPPA NOTICE OF PRIVACY PRACTICES

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 Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations (TPO) 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” 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.

Uses and Disclosures of Protected Health Information: Your protected health information may be used by your audiologist, the staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the audiologist’s practice and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be disclosed to a physician to whom we have referred to ensure the physician has the needed information to diagnose and treat you. Also, limited PHI will be provided to the hearing aid companies in the manufacture of amplification devices as deemed necessary.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for payment of amplification may require that your relevant information be disclosed to the health plan to obtain approval for payment.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your audiologist’ practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of Audiology students, licensing, and conducting or managing other business activities. For example, we may use a sign-in sheet at the reception desk where you will be asked to sign your name. We may also call you by name in the waiting area when the audiologist is ready to see you. We may use or disclose your PHI, as needed, to contact you to remind you of your appointment.

We may use your PHI in the following situations without your authorization: as required by law, public health issues as required by law, Health Oversight; Abuse or neglect; Food and Drug Administration requirements; Legal proceedings; Law enforcement; criminal activity; Military activity; Worker’s

Compensation; Inmates- Required 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.

Other Permitted and Required Uses and Disclosures: Will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your audiologist and/or physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information

compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI may 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 restrictions to apply. Your audiologist is not required to agree to a restriction that you may request. If the audiologist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. You have the right to obtain paper copy of the notice from us, upon request, even if you have agreed to accept this notice alternatively, (electronically).

You may have the right to have your audiologist amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

We reserve the right to change the term of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of you complaint. **We will not retaliate against you for filing a complaint.**

This notice is published and becomes effective on February 9, 2004.