

Notice of Privacy Practices
Lesner Hearing Center
5232 Dawes Avenue
Alexandria, VA 22311
(703) 820-3800

PURPOSE:

This Privacy Notice is required by the Privacy Regulations stemming from the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Privacy Notice explains to you, a patient of this practice, how your medical information may be used and disclosed and how you can get access to your medical information. Please review it carefully.

1. OUR COMMITMENT TO YOU REGARDING MEDICAL INFORMATION

This practice is determined to protect the privacy of your medical information. In order to provide you with quality care and service, as well as comply with the law, we must create a medical record for you and document the care and services you receive at this practice. Federal law requires us to ensure the confidentiality of your medical record.

This notice will explain to you which circumstances require us to use or disclose your medical information. We also describe your rights, as well as our obligations, regarding the use and disclosure of your medical information.

2. WHAT THE LAW REQUIRES US TO DO

The Federal Law requires us to:

- *Keep your medical information private.
- * Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- *Follow the terms of the notice that is now in effect.

We have the right to:

- * Change our privacy practices and the terms of this notice at any time, provided that the law permits the change.
- * Make the change in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following is a description of the different circumstances that may require this practice to use or disclose your medical information. For any of these circumstances, you can submit a written request to our HIPAA Compliance Officer restricting our use or disclosure of your medical

information for treatment, payment, or healthcare operations. You may also request (in writing) that we disclose your medical information only to certain individuals responsible for your care or the payment of your care. Legally we are not required to agree to your request. If we do not agree to honor the written request, then we must abide by our agreement unless in those situations required by law, in emergencies, or when information is necessary to treat you. If you wish to revoke any previously written request, you may do so in writing.

FOR TREATMENT:

We may disclose your health information to those people who are responsible for your care, for instance, your doctors, audiologists, hearing aid dispensers, nurses, technicians or medical students to assist in your treatment.

FOR PAYMENT:

We may use and disclose your health information to bill you or obtain payment for services we provide to you (e.g. to insurance companies, Workers Compensation, designated family members or financial representatives).

FOR HEALTH CARE OPERATIONS:

We may use and disclose your health information for our healthcare operations to make sure all of our patients receive quality assessment and improvement activities, review the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

ADDITIONAL USES AND DISCLOSURES:

In addition to using and disclosing your medical information for treatment, payment, and healthcare operations, we may use or disclose medical information for the following purposes:

a. Family and Friends

Unless you object, we may disclose your medical information to family members, a personal representative, or other close, personal friends when the medical information is directly relevant to that person's involvement with your care. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up devices and supplies for you.

b. Notifications

Unless you object, we may use or disclose your medical information to notify a family member or a personal care representative of your location, general condition or death.

c. Disaster Relief

We may share your medical information with a public or private organization or person who can legally assist in disaster relief efforts.

d. Specialized Military Personnel Functions

Your medical information may be disclosed if you are military personnel, either active or veteran, and if required by the appropriate authorities.

e. Public Health Activities

Your medical information may be disclosed if required to do so by a public health or law enforcement official whose job is to prevent or control disease, injury or disability. Your medical information may also be disclosed to a person from the Food and Drug Administration for the purpose of reporting adverse effects stemming from product defects or problems, to enable product recalls, repairs or replacements required by the Food and Drug Administration.

f. Personal Health and Safety

Your medical information may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of another individual or public. The information will be disclosed only to a person or organization able to prevent the threat.

g. Workers Compensation

Your medical information may be disclosed when necessary to comply with the laws for the Workers Compensation Program.

h. Business Associates

We may disclose your health information to a business associate (e.g. Ear Mold Lab, Hearing Aid Manufacturer) with whom we contact to provide services on your behalf. To protect your health information we require our business associates to safeguard our patient's health information.

i. Public Health Oversight Activities

Your medical information may be disclosed to public health authorities and health oversight agencies that are authorized by law to gather health information (e.g. audits, licensure, disciplinary actions, administrative and criminal investigations, etc.).

j. Law Enforcement

Your health information may be disclosed in response to a court or administrative order in a lawsuit or similar proceeding.

k. Appointment Reminders

We may contact you by telephone or mail to provide appointment reminders or to give your information about other treatments or health-related benefits and services that maybe of interest to you.

l. Research

We may disclose your health information to researchers that has been approved by an Institutional Review Board or Lesner Hearing Center Privacy Board.

4. YOUR INDIVIDUAL RIGHTS

You have the right to:

- * Read and copy your medical information. To receive a copy, please notify the HIPAA Privacy Officer in writing.
- * Receive a list of all times we or our business associates shared your medical information other than treatment, payment and healthcare operations and other specified exceptions.

* Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

* Request that we communicate with you about your medical information by different means or to at different location. Your request must be made in writing to the contact person listed at the end of this notice.

* Ask to change your health information if you think it is incomplete or inaccurate. The request must be made in writing to the contact person listed at the end of this notice. If, however, the audiologists find that the patient's health information is complete and accurate, he/she can refuse to make the requested changes.

* Obtain a paper copy of this notice by notifying the HIPAA Privacy Officer.

5. QUESTIONS AND COMPLAINTS IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

**Dr. Leslie Lesner
HIPAA Privacy Officer
Lesner Hearing Center
5232 Dawes Avenue
Alexandria, VA 22311
(703) 820-3800**

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint