



HIPAA Notice of Privacy Practices

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 and for other purposes that are permitted or required by law. It also describes your right to access and control your PHI. 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.

Your PHI may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing audiologic care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Medical Hearing Associates of Arkansas, LLC (MHAA) may use and disclose your PHI to provide, coordinate, or manage your audiologic treatment and any related services. MHAA may also disclose your PHI to other third party providers involved in your audiologic care.

Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant PHI be disclosed to the health plan to obtain approval.

MHAA may use and disclose your PHI for audiologic care operation purposes. These uses and disclosures are necessary to ensure quality care and for operation and management purposes. For example, MHAA may use your PHI to review the quality of the treatment and services you receive. MHAA may disclose information to audiologists, physicians, nurses, technicians, medical students, and other personnel for educational purposes. MHAA may disclose your PHI to accrediting agencies as part of an accreditation survey. We may use or disclose your PHI, as necessary, to check the status of your audiologic equipment.

MHAA may use or disclose your PHI in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. 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 physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your PHI. 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 PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means 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 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. Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice. You may have the right to have our organization 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. MHAA reserves the right to change the terms 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.

If you believe your privacy rights have been violated, you may file a complaint with MHAA or with the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with MHAA, please contact the owner Dr. Bradley Davis at (501) 476-3178 or dr.davis@medhearingAR.com. All complaints must be submitted in writing. MHAA will not retaliate against you for filing a complaint.

MHAA reserves the right to change this Notice at any time. The new Notice will be effective for all PHI MHAA has collected and any PHI received in the future. You can also obtain a revised Notice at www.medhearingAR.com or by contacting owner Dr. Bradley Davis at (501) 476-3178 or dr.davis@medhearingAR.com.