



HEARING ASSOCIATES

Gabriela Perez-Saenz, Au.D. • Bruce Schachterle, Au.D.
Michael Iliff, Au.D. • John Molina, Au.D.
Doctors of Audiology

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.

If you have any questions about this Notice please contact our Privacy Officer who is Michael Iliff, Au.D., at 303-369-1096.

Hearing Associates, LLC. (HA) is committed to the protection of patients' privacy and confidentiality of medical information. HA recognizes that patients depend upon us to safeguard their personal information and to uphold the privacy rights of patients. This notice, which is based upon state and federal law, as well as the HA code of ethics, confirms our commitment to preserving patient confidentiality and privacy and also confirms that HA will not use or disclose patient personal or health information except as described in this Notice. This Notice applies to all of the personal information gathered by and medical records generated by HA, as well as records received from other providers.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

Without your authorization, HA may use and disclose your personal and/or health information (PHI) for the following purposes:

TREATMENT: HA may use your personal and/or health information in the provision and coordination of your healthcare. For example, we may ask you to have a hearing evaluation in order to reach a diagnosis. We may use your PHI to order hearing aids. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment. Other ways we may use or disclose your information for purposes related to treatment are:

Treatment Alternatives: To tell you about or recommend possible treatment options or alternatives that may be of interest to you. Appointment Reminders: To contact you as a reminder that you have an appointment for treatment or medical care at HA.

PAYMENT: HA may release personal and/or health information about you for the purposes of determining insurance coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record, which are necessary for payment of your account. For example, a bill may include information that identifies you, your diagnosis, and the procedures and supplies used. HA may also provide information to other care providers who have been involved in your care, such as a home health care agency or an ambulance company.

HEALTHCARE OPERATIONS: HA may use and disclose your personal and/or health information during healthcare operations including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing activities of HA, medical research, and educational purposes. HA may engage outside companies to carry out certain aspects of healthcare operations. These entities are called "Business Associates". HA may need to disclose your information to Business Associates to allow them to perform their duties. The Business Associates will, in turn, use and disclose your information as they conduct business on behalf of HA. Examples of Business Associates include, but are not limited to, a copy service used by HA to copy medical records, consultants, accountants, lawyers, medical transcriptionists and billing companies. HA requires their Business Associates to protect the confidentiality of your personal and health information.

OTHER USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT AUTHORIZATION:

1550 S Potomac St., #305 • Aurora, CO 80012

303-369-1096 PHONE • 303-369-1097 FAX
www.myhearingassociates.com



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Special situations and certain state and federal laws may require HA to use or release your information. For example, HA may be obligated to release your information for the following reasons:

REGULATORY AGENCIES: HA may disclose your personal and/or health information to government and certain private health oversight agencies, such as the Department of Public Health and Environment, the Federal Department of Health and Human Services, or the Board of Medical Examiners, for activities authorized by law including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

LAW ENFORCEMENT/LITIGATION: HA may disclose your personal and/or health information for law enforcement purposes as required by law or in response to a court order.

PUBLIC HEALTH: As required by law, HA may disclose your personal and/or health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

WORKERS' COMPENSATION: HA may release personal and/or health information about you to workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

MILITARY/VETERANS: HA may disclose your personal and/or health information as required by military command authorities, if you are a member of the armed forces.

AS OTHERWISE REQUIRED BY LAW: HA will disclose your personal and/or health information in any situation where such disclosures are required by law (such as child abuse, domestic abuse).

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION: Without your authorization, HA may not disclose your personal or health information to persons outside of HA for purposes other than treatment, payment, healthcare operations or special circumstances as listed above. In addition, HA may not use or disclose specially sensitive information, such as AIDS/HIV, alcohol and drug abuse prevention and/or treatment, or mental health information without your specific authorization unless legally required to do so.

YOUR RIGHTS RELATED TO YOUR PERSONAL AND HEALTH INFORMATION: Although all records concerning your treatment obtained at HA are the property of HA, you have the following rights concerning your personal and health information:

CONFIDENTIAL COMMUNICATIONS: You have the right to request confidential communications of your information by alternative means or at alternative locations. For example, you may request that HA only contact you at work or by mail.

REQUEST TO REVIEW AND COPY: You have the right to request a review and/or a copy your health information, except as restricted by your physician or by law. This right does not obligate HA to grant you access to certain types of information.

AMEND: You have the right to request an amendment or correction to your health information. If HA agrees that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.

AN ACCOUNTING: You have the right to obtain a statement of the disclosures that have been made of your personal and health information other than by your authorization, other than disclosures made to you, and other than for the purpose of treatment, payment or operational purposes.

REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your information. If HA is able to agree to your request, we will abide by the restrictions.

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RECEIVE A COPY OF THIS NOTICE: If this Notice has been provided to you electronically, upon request you have the right to receive a paper copy of this Notice.

REVOKE AUTHORIZATION: You have the right to revoke your authorization to use or disclose your information, except to the extent that action has already been taken in reliance on your authorization.

FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS: If you have questions or would like more information regarding any of the rights listed above, written correspondence should be mailed to the attention of the HA HIPAA Compliance Officer at any of the HA facilities.

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED: You may file a complaint with HA or with the Secretary of the Department of Health and Human Services. To gain information on to how file a complaint with HA, contact our office at 303-369-1096. All complaints must be submitted in writing to the attention of the HA HIPAA Compliance Officer, addressed to any of the HA facilities. You may be assured there will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE: HA will abide by the terms of the Notice currently in effect. HA reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains. Any new revision to this Notice will be posted at each HA facility.

NOTICE EFFECTIVE DATE: The effective date of the notice is April 14th, 2003.

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