

Hearing Healthcare Center, Inc.

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Doctor of Clinical Audiology

NOTICE OF PRIVACY POLICY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

USES AND DISCLOSURES TREATMENT.

Your health information may be used by our staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment.

PAYMENT.

Your health information may be used to seek reimbursement for you from your health plan, other sources of coverage or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on date of service, the services provided and the medical condition being treated.

HEALTH CARE OPERATIONS.

Your health information may be used as necessary to support the day-to-day activities and management of Hearing Healthcare Center (HHC). For example, information on the services you received may be used to support budgeting and financial reporting activities, activities to evaluate and promote quality, and ensure that our practice meets state and federal laws designated to protect your health care information.

LAW ENFORCEMENT.

Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

PUBLIC HEALTH REPORTING.

Your health information may be disclosed to public health agencies as required by law. For example, our practice is required to report certain communicable diseases to the Indiana State Department of Health.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

Disclosure of your health information or its use for any other purpose, other than those listed above, requires your specific written authorization. If you change your mind after authorizing the use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of any information that occurred before you notified us of your decisions.

Additional Uses of Information:

APPOINTMENT REMINDERS.

Your health information will be used by our staff to call/send you appointment reminders.

INFORMATION ABOUT TREATMENTS.

Your health information may be used to send you information on the treatment and management of your medical conditions that you may find to be of interest. We may also send you information describing other health-related goods and services we believe may be of interest to you.

INDIVIDUAL RIGHTS.

You have certain rights under federal privacy standards. These include:

- The right to request restrictions to the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to receive accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

HHC DUTIES.

We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with this notice of privacy policies. We are required to abide by the privacy policies and practices outlined in this notice.

RIGHTS TO REVISE PRIVACY PRACTICES.

As permitted by law, we reserve the right to amend our privacy policies and practices. These modifications may be required by changes in state and/or federal laws and regulations. We will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all PHI we maintain.

REQUEST TO INSPECT PHI.

All requests to inspect or copy PHI must be submitted in writing. You may obtain a form to request access to your records by contacting our office manager.

COMPLAINTS AND CONTACT PERSON.

If you would like to submit a comment, complaint or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the staff member listed below. You will not be penalized or otherwise retaliated against for filing a complaint.

Office Manager

Hearing Healthcare Center, Inc.
3101 N. Green River Rd., Ste. 510
Evansville, IN 47715

EFFECTIVE DATE.

This notice is effective on January 2, 2018.



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