

HIPAA

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.

ABOUT THIS NOTICE

The McGuire Hearing Center is committed to protecting your health information. This Notice of Privacy Practices (“Notice”) is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as revised in the 2013 HIPAA Omnibus Rule. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or audiological/health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our duties with respect to your protected health information. “Protected health information” is information about you that may identify you and that relates to your past, present or future physical or mental health/condition and related audiological/health care services. We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact our Privacy Officer, Stephanie McGuire, Au.D., at (937) 293-7877.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive but are meant to illustrate the types of uses and disclosures that may be made.

1. Treatment

We may use and disclose your protected health information to provide, coordinate or manage your audiological treatment and any related services. We may also disclose your protected health information to other third-party providers involved in your audiological/health care. For example, your protected health information may be provided to a physician or other audiological/health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other audiological/health care provider has the necessary information to diagnose or treat you.

2. Payment

We may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program or third-party payors. This may include certain activities that your health insurance plan may undertake before it approves or pays for the audiological/health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, we may provide your health plan with medical information about the audiological/health care services The McGuire Hearing Center rendered to you for reimbursement purposes.

3. Audiological/Health Care Operations

We may use and disclose your protected health information for audiological/health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to audiologists, physicians, nurses, technicians, medical students and other personnel for educational and learning purposes.

4. Others Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Also, for example, if you are brought into this office and are unable to communicate normally with your clinician for some reason, we may find it is in your best interest to give your hearing instrument and other supplies to the friend or relative who brought you in for treatment. We may also use and disclose protected health information to notify such persons of your location, general condition or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up your hearing instruments, supplies, records or other things that contain protected health information about you.

5. Required by Law

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use notified, as required by law, of any such uses or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

6. Public Health

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to any foreign government agency that is collaborating with the public health authority.

7. Business Associates

We may disclose your protected health information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

8. Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the audiological/health care system, government benefit programs, other government regulatory programs and civil rights laws.

9. Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems and biological product deviations, to track products to enable product recalls, to make repairs or replacements or to conduct post-marketing surveillance, as required by law.

10. Military Activity and National Security

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their legal duties under the law.

11. Workers' Compensation

We may disclose your protected health information as authorized for workers' compensation or other similar programs that provide benefits for a work-related illness.

12. Required Uses and Disclosures

Under the law, we must make disclosures to you and, when required by the Secretary of the U.S. Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us 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 us, please contact our Privacy Officer, Stephanie McGuire, Au.D., at (937) 293-7877 or the Corporate Privacy Officer at the address listed below. All complaints must be submitted in writing. The McGuire Hearing Center will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The new Notice will be effective for all health information we already have about you, as well as any information we receive in the future. You can also obtain a revised Notice by contacting our Privacy Officer, Stephanie McGuire, Au.D, The McGuire Hearing Center, 15 Southmoor Circle NE, Kettering, Ohio 45429.

The McGuire Hearing Center

Attn: Corporate Privacy Officer
Southmoor Circle NE
Dayton, OH 45429

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and disclose your health information. Please sign below to acknowledge receipt of the Notice. I understand my emergency contact listed above is an individual to whom The McGuire Hearing Center may disclose information.

I acknowledge that I have received and had the opportunity to review the Notice of Privacy Practices on the date below on behalf of The McGuire Hearing Center. I understand that the Notice describes the uses and disclosures of my protected health information by The McGuire Hearing Center and informs me of my rights with respect to my protected health information.

Patient: _____

Audiologist: _____

Stephanie McGuire, Au.D., F-AAA