

## **Audiology Associates of Westchester**

### **Notice of Privacy Practices**

This practice is determined to protect the privacy of your medical information. As we provide service to you, we create and store health information (a medical record) that identifies you. It is often necessary to share or disclose this health information in order to provide treatment to you, obtain payment and to conduct healthcare operations in our office.

#### **This Notice of Privacy Practices requires us to:**

1. Keep your medical records private and to provide you with this notice.
2. Change our privacy practices and the terms of this notice at any time, ensuring our notice is effective, even for information recently obtained.
3. Before we make an important change in our privacy practices, change this notice and make the new notice available upon request.

#### **The following is a description of the different circumstances that may require this practice to use or disclose your medical information:**

1. Share medical data with another provider who is responsible for your care (physicians, audiologists, nurses, any other healthcare professionals, technicians, students in healthcare, or any other people who take care of you), and/or make referrals.
2. Share your health insurance plan information about a treatment you received at our practice when filing a claim for reimbursement or determination of benefits.
3. Disclose your medical information for our healthcare operations.
4. Share information about your condition(s), location and/or death to family member(s), or your personal representative(s). Prior permission by you will be obtained unless in case of emergency. If we are unable to obtain permission, we will share only the health information directly necessary for your healthcare.
5. Disclose medical information to a medical examiner to identify a deceased person or to determine the cause of death, or for tissue donations.

6. Medical information may be disclosed if you are military personnel, either active or a veteran, and if required by the appropriate authorities.
7. Share medical data to the public health and/or law enforcement official whose job is to prevent or control disease, injury or disability.
8. Share medical data to a representative from the Food and Drug Administration for the purpose of reporting adverse effects stemming from defective products, etc.
9. Medical information may be disclosed when necessary to comply with Workers' Compensation.
10. Medical information may be disclosed in response to a court and/or administrative order in a lawsuit or similar proceeding.

**You have individual rights as part of the Notice of Privacy Practices. As a patient of the Audiology Associates of Westchester practice, you have the right to:**

- Photocopies of your medical records on file and/or a copy of this Notice of Privacy Practices. If you need a photocopy, please notify the receptionist.
- Receive a list of all the times your medical information has been shared by our office or our business associates, other than treatment, payment, healthcare operations and/or other specified exceptions.
- Request we communicate with you about your medical information by different means or to different locations. This request must be submitted in writing to Audiology Associates of Westchester.
- Request a change to your health information if you think it is incomplete or inaccurate. However, if the audiologist, hearing healthcare professional or office personnel believe the patient's health information is complete and accurate, he/she can refuse to make the requested changes. This request must be made in writing to Audiology Associates of Westchester.
- Request a paper copy if you have received this Notice of Privacy Practices electronically. This request must be made in writing to Audiology Associates of Westchester.

**According to HIPAA regulations, you have the right to restrict the uses or disclosures of your information made for the purposes of treatment, payment and/or healthcare operations, but we are not obligated to agree to these suggested restrictions. If we do agree, however, the restrictions are binding on us. If you have any questions regarding this, please contact Maggie McKeon (Privacy Officer) at Audiology Associates of Westchester.**

**If you think we may have violated your privacy rights, contact Maggie McKeon (Privacy Officer) or Julie O'Shea (Owner). If your concern is not resolved, you may also submit a written complaint to the US Department of Health and Social Services. If you choose to file a complaint, we will not retaliate in any way.**

**The Privacy Rule portion of the HIPAA regulations requires our practice to submit a copy of the Notice of Privacy Practices to each patient, both existing and new. If the patient refuses to sign the notice, Audiology Associates of Westchester is not obligated to treat the patient.**