

## **NOTICE OF PRIVACY PRACTICES for BUCKEYE HEARING HEALTH, LLC**

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.**

**Our Legal Duty:** We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. The privacy practices that are described in this Notice must be followed while it is in effect. This Notice takes effect July 1, 2004, and will remain in effect until we replace it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you at your next visit.

### **Uses and Disclosures of Health Information**

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care and services that you receive. Your health information is contained in a medical record/chart that is the physical property of Buckeye Hearing Health, LLC.

### **Your Health Information Rights**

**Access to your medical records:** You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You may be asked to make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice setting forth the specific information to which you desire access. If you request an alternative format, provided that it is practicable for us to produce the information in such a format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

**Amendment:** You have the right to request that we amend your health information which you think is incorrect or incomplete. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances,

but we will tell you why in writing within 60 days.

**Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accept all reasonable requests.

**Restriction:** You have the right to request that we not share certain health information for treatment, payment, or our operations. We are not required to agree to your request and we may say no if it would affect your care. If you pay for a service or item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Disclosure Accounting:** You have the right to receive a list of instances in which we have disclosed your health information for purposes other than treatment, payment, health care operations, where you have provided an authorization and certain other activities, for the last 6 years, but not for disclosure made prior to July 1, 2004. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Receiving a Copy of this Privacy Notice:** You can ask for a written copy of this notice at any time and it will be provided, even if you have agreed to receive it electronically.

**Choosing someone to act for you:** If you have given someone medical power of attorney or someone is your

legal guardian, that person can exercise your rights and make choices about your health information. We will ensure that person has this authority and can act on your behalf before we take any action.

### **Questions and Complaints:**

If you want more information about our privacy practices, have concerns or complaints, please contact us using the information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

### **Your Health Information Choices**

If you have a clear preference for how we share your information in the following situations, please tell us and we will follow your instructions. In the event of your incapacity or emergency circumstances, we will disclose health information based on our professional judgment disclosing only health information that is directly relevant to the person’s judgment in your health care, sharing only if we believe it is in your best interest. We will also use our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up hearing aids, miscellaneous supplies, batteries, or other similar forms of health information. We may

also share your information when needed to lessen a serious and imminent threat to health and safety.

These choices include:

- ✓ Sharing information with family, close friends, personal representative, or others involved in or responsible for your care
- ✓ Sharing information in a disaster relief situation

In the following cases, we will never share your information unless you give us written permission:

- ✓ Marketing purposes
- ✓ Sale of your information
- ✓ Sharing of psychotherapy notes

In the case of fundraising, we may contact you, but you can tell us not to contact you again.

## **How We May Use or Disclose Your Health Information**

**For Treatment:** We may use or disclose your health information to an Audiologist, Otolaryngologist, Primary Care Physician, or other health care provider that is providing treatment to you for:

- ✓ The provision, coordination, or management of health care and related services by health providers;
- ✓ Consultation between health care providers relating to a patient;
- ✓ The referral of a patient for health care from one health care provider to another; or
- ✓ Appointment reminders and recall information.

**For Payment:** We may use and disclose your health information to others for purposes of processing and receiving payment for treatment and

services provided to you. This may include:

- ✓ Billing and collection activities and related data processing;
- ✓ Actions by a health plan or insurer to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims;
- ✓ Medical necessity and appropriateness of care reviews, utilization review activities; and
- ✓ Disclosure to consumer reporting agencies of information relating to collection of payment

**For Health Care Operation:** We may use/disclose health information about you for operational purposes. For example, your health information may be disclosed to staff members to:

- ✓ Evaluate the performance of our Audiologists.
- ✓ Learn how to improve our facilities and services;
- ✓ Conduct training or credentialing activities; and
- ✓ Determine how to continually improve the quality and effectiveness of the products, service, and care we provide.
- ✓ Contacting you to provide appointment reminder calls or recall notices in the form of phone messages or letters

**As Required by Law:** For example, we may disclose information for the following purposes:

- ✓ For judicial and administrative proceedings pursuant to legal authority or in response to a subpoena;

- ✓ To report information related to victims of abuse, neglect, or domestic violence;
- ✓ To assist law enforcement officials in their law enforcement duties; or
- ✓ To assist public health officials avert a serious threat to the health or safety of you or any other person.
- ✓ For compliance with federal privacy laws to the Department of Health and Human Services

### **Helping with Public Safety Issues:**

We can share information about you for certain situations in disease prevention, helping with product recalls, reporting adverse reactions to medications.

**Decedents:** Health information may be disclosed to funeral directors, medical examiners, or coroners to enable them to carry out their lawful duties.

**Organ Procurement Organizations:** Your information can be shared to respond to organ and tissue donation requests.

**Research:** We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

### **Government Functions:**

Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Worker's Compensation.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **Contact Information**

If you have any questions or complaints, please contact:

Privacy Official  
Buckeye Hearing Health, LLC  
1035 West Wayne  
Suite 10  
Paulding, Ohio 45879  
Phone: 419-399-1719

Although housed within the Paulding County Hospital, Buckeye Hearing Health, LLC is a separate entity, with separate billing, health care operations, and treatment protocols. This notice applies to Buckeye Hearing Health, LLC only.

Thank you for entrusting Buckeye Hearing Health, LLC with your hearing care and hearing aid needs.

For more information see:  
[www.hhs.gov/ocr/privacy/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/understanding/consumers/noticepp.html)

Effective date 9-1-2013