

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

Stoltz Hearing Service, 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.

This Notice of Privacy Practices describes how we may use and disclose your *protected health information (PHI)* to carry out treatment, *payment or health care operations (TPO)* and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information (PHI)

Stoltz Hearing Service, LLC may use PHI for the purposes of treatment, payment, health care operations, and any other use required by law. In most cases your PHI is supplied without your written permission. Examples of our use of your PHI follow.

For Treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via telephone as well as providing a copy of the written record we create in the course of providing you with treatment.

For Payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For Health Care Operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes. We may disclose your protected health information to students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your clinician. We may also call your name in the waiting room when your clinician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you in order to remind you of your appointment.

Other Entities to Possibly Disclose Your PHI:

- A family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care.
- To a public health authority in certain situations such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law.
- To judicial and/or administrative officers relative to proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process. Your PHI may also be disclosed for law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.

Any other use or disclosure of PHI other than those listed above will only be made with your written authorization. The authorization must specifically identify the information sought, as well as when and how the information will be used. **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information based upon that authorization.**

Patient Rights

As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy, or inspect your PHI: This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a fee for you to copy any medical information that you have a right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have forms available for you to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer liaison listed at the end of this notice.

The right to amend your PHI and the right to request amending your PHI: You have the right to ask us to amend written medical information that we may have about you. If errors are found, we will generally amend your information within 60 days.

The right to request and accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operation, or when we share

your health information with our business associates, such as our billing company or a medical facility from/to which you have been referred. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. However, if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Stoltz Hearing Service is not required to agree to any restrictions you request, but any restrictions agreed to by Stoltz Hearing Service are binding on Stoltz Hearing Service.

Internet, electronic mail, and the right to obtain a copy of paper Notice on request: We will prominently post a copy of this Notice on our website and make the Notice available electronically through the website. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice

Stoltz Hearing Service reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our website. You can get a copy of the latest version of this Notice by contacting the privacy officer identified below.

Your Legal Rights and Complaints:

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments, or complaints, you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

Stoltz Hearing Service, LLC
HIPPA Privacy Officer Liaison
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Savage, MN 55378
612-564-5686 / info@stoltzhearing.com

Effective date of this notice: August 1, 2012