

## HEARING ASSOCIATES, INC. NOTICE OF PRIVACY PRACTICES

**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.**

The terms of this Notice of Privacy Practices apply to **Hearing Associates, Inc.**, operating as a health care provider, which is composed of physicians and other licensed health care professionals seeing and treating patients at **Hearing Associates, Inc.** and their respective physicians. The members of this medical practice work and practice at **Hearing Associates, Inc.** All such entities and persons will share your personal health and medical information as necessary to perform treatment, payment, and health care operations as allowed by law.

### **I. OUR COMMITMENT TO SAFEGUARD YOUR MEDICAL INFORMATION.**

We are committed to protecting the privacy of medical information about you. This includes information that can be used to identify you that we create or receive about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We are required by law to maintain the privacy of your medical information and we must provide you with this Notice about our privacy practices that explains how, when, and why we use and disclose medical information about you. With some exceptions, we may not use or disclose any more of your medical information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

#### **Uses and Disclosures Without Authorization**

The following categories describe different ways that we are permitted to use and disclose your medical information without a specific authorization from you.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services, [*however, California law requires your consent prior to such use*]. We may disclose medical information about you to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, a doctor

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treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of **Hearing Associates, Inc** and also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose medical information about you to other health care providers who request such information for purposes of providing medical treatment to you.

**For Payment.** We may use and disclose medical information about you in order to bill and collect payment for the treatment and services provided to you. For example, we may need to give your insurance company information about surgery you received at the hospital so it will pay for the surgery. We may also contact your insurance company to obtain prior approval for a treatment you are going to receive or to determine whether it is covered by your plan.

We may also provide medical information about you to our business associates, such as billing companies, claims processing companies, and others that process our health care claims. We require these business associates to appropriately safeguard the privacy of your information.

We also may provide information about you to other health care providers that have treated you or provided services to you to assist them in obtaining payment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate **Hearing Associates, Inc** and make sure that all of our patients receive quality care. For example, we may use your medical information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective.

We may disclose medical information about you to another health care provider or health plan with which you also have a relationship for such things as quality assurance and case management.

We may also provide medical information about you to our business associates, such as accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us. We require these business associates to appropriately safeguard the privacy of your information.

**Appointment reminders and services.** We may use and disclose medical information to provide appointment reminders or test results.

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**Health-related products and services.** We may use and disclose medical information to tell you about health-related products or services necessary for your treatment, to advise you of new products and services we offer, to provide general health and wellness information, or to provide you with promotional gifts of nominal value.

**Fundraising.** We may use medical information about you to contact you in an effort to raise funds for our associated charitable and educational foundations. We may also disclose medical information to our associated charitable and educational foundations so that **Hearing Associates, Inc** may contact you when raising money. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not wish to be contacted as part of our fundraising efforts, you may contact the person listed in section V below in writing.

**Patient directories.** We may include certain limited information about you in our patient directory while you are a patient at **Hearing Associates, Inc**. This information may include your name, room number, general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you and generally know how you are doing. You have the right during registration to have your information excluded from this directory or to restrict what information is provided and/or to whom.

**Media Requests.** All requests from the media regarding you or your condition shall be referred to **Betsy Balcaceres**. You may contact the aforementioned individual with specific directions on how you want media requests handled.

**Individuals involved in your care or payment for your care.** We may provide medical information about you to a family member, friend, or other person who is involved in your care or the payment for your health care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right during registration to restrict what information is provided and/or to whom.

**Research.** Under certain limited circumstances, we may use and disclose medical information about you for research purposes. For example, a research project

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may involve comparing the health and recovery of all patients who receive one medication to those who receive another for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information. It tries to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. The medical information they review may not leave the medical office. We will generally ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your . While the research is in progress, your access to your medical information may be limited.

**As required by law.** We will disclose medical information about you when required to do so by federal, state, or local law. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; to report reactions to medications or problems with products; or to notify people of recalls of products they may be using.

**To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat or lessen such harm.

**Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a court or administrative ordered subpoena or discovery request, but only after efforts have been made to tell you about the request.

**Public health activities.** We may disclose medical information about you for public health activities. For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

**Health oversight activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities

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include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Organ and tissue donation.** If you are an organ donor, we may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

**Minors.** We may release medical information about minors to their parents or legal guardians. However, in instances where California law allows minors to consent to their own treatment without parental consent (i.e., HIV testing), information will not be released to a minor's parents without the minor's consent unless otherwise specifically allowed under California law.

**Workers' compensation.** We may release medical information about you for workers' compensation or similar agencies as necessary to determine if you are eligible for benefits for work-related injuries or illness.

**Military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure may be necessary to determine if you are eligible for certain benefits.

**Employers.** We may release medical information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either (i) to conduct an assessment relating to a medical examination of the workplace or (ii) to determine whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information to your employer.

**National security and intelligence.** We may release medical information about you for national security purposes, such as protecting the President of the United States or foreign heads of state, or for conducting intelligence operations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care; to protect your health

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and safety or the health and safety of others; or for the safety and security of the correctional institution.

## **Uses and Disclosures Requiring Authorization**

The following categories describe different ways that we are permitted to use and disclose your medical information only with a specific authorization from you.

**Other Uses and Disclosures of Medical Information.** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization; however, we cannot take back any disclosures we have already made based upon your prior permission.

**Marketing activities.** We may not use medical information about you to contact you to encourage you to buy a product or service, which is unrelated to your current care management except with your specific authorization.

**Alcohol and Drug Abuse Patient Records.** Use and disclosure of any medical information about you relative to alcohol or drug abuse programs, is protected by federal law and regulations. Generally, we may not say to a person outside the program that you are or have attended the program, or disclose any information identifying you as an alcohol or drug abuser unless: (i) you have consented in writing; (ii) we receive a court order requiring the disclosure; or (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

**HIV/AIDS Information.** Use and disclosure of any medical information about you relative to HIV testing, HIV status, or AIDS, is protected by federal and state law. Generally, an authorization must be obtained for the disclosure of such information; however, state law may allow for disclosure of information for public health purposes.

**Psychotherapy Notes.** We must obtain an authorization for use or disclosure of psychotherapy notes, except under limited circumstances, such as (i) for treatment purposes by the originator of the psychotherapy notes; (ii) for use in training programs in which mental health students, trainees, or practitioners learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; (iii) for use or disclosure in defending ourselves in a legal action or other proceeding; or (iv) with respect to oversight activities involving the person who created the psychotherapy notes.

## WHAT RIGHTS YOU HAVE REGARDING YOUR MEDICAL INFORMATION (Con't)

### III. WHAT RIGHTS YOU HAVE REGARDING YOUR MEDICAL INFORMATION.

You have the following rights with respect to your medical information:

- A. **The Right to Inspect and Copy.** You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We will respond to you within 30 days after receiving your written request, or within 60 days if the records are not stored on the premises. We will notify you in writing if it will take longer for us to respond.

To inspect and receive a copy of medical information that may be used to make decisions about you, you may contact the person listed in section V below in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

In certain limited situations, we may deny your request, such as when research is in progress. If we do, we will advise you in writing in a timely manner of our reasons for the denial and information on how you may have the denial reviewed. We will comply with the outcome of any such review.

- B. **The Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose for treatment, payment or health care operations. You may not limit the uses and disclosures that we are legally required or allowed to make. You also have the right to request a limit on medical information we disclose about you to (i) someone who is involved in your care or the payment for your care, like a family member or friend, (ii) information from the hospital's patient directory; or (iii) information for fundraising purposes. For example, you could ask that we not use or disclose information about a surgery you had.

***We may deny certain requests.*** If we do agree to your request, we will comply with it unless the information is needed to provide you emergency treatment.

To request restrictions on the use or disclosure of your medical information, you may do so at the time you register for medical services. Your request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). You may also request such a restriction at any time by contacting the person listed in section V below in writing. .

A previously agreed to restriction may be terminated by you or the **Hearing Associates, Inc**, either orally or in writing. If we terminate the restriction, we can only use or disclose medical information we create or obtain after such restriction is terminated.

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- C. **The Right to Amend.** If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add the missing information. You have the right to request an amendment for as long as the information is kept by **Hearing Associates, Inc.** To request an amendment, you must provide the request in writing along with your reason for the request to the person listed in section V below. We will respond within 60 days of receiving your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the medical information is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

- D. **The Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of instances in which we have disclosed medical information about you, with certain exceptions specifically defined by law. The list will not include certain uses or disclosures, such as those you have specifically authorized and those that are otherwise permitted, such as ones made for treatment, payment, or health care operations, directly to you, to your family, or in our patient directory.

To request this list or accounting of disclosures, you must submit your request in writing to the person listed in section V below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists during the same year, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will respond within 60 days of receiving your request. We will notify you in writing if we need an additional 30 days to respond. The list we will give you will include the date of each applicable disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure.

- E. **The Right to Request Confidential Communications.** You have the right to ask that we send information to you to an alternate address (for example, if you want



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appointment reminders to not be left on an answering machine or if you want information sent to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We will agree to all reasonable requests so long as we can easily provide it in the format you requested. To request medical information be sent to an alternative address or by other means, please contact the person listed in section V below.

- F. **The Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice by e-mail, you are still entitled to a paper copy. To obtain a paper copy of this Notice, please contact the person listed in section V below. You may also obtain a copy of this notice on our website at [www.PacificSpecialists.com](http://www.PacificSpecialists.com).

## IV. COMPLAINTS

If you believe that we may have violated your rights with respect to your medical information, you may file a written complaint with the person listed in Section V below. You also may send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington, D.C. 20201 within 180 days of an alleged violation of your rights. *You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.*

## V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this Notice or wish to make a complaint about our privacy practices, please contact **Betsy Balcaceres** at **(818) 727-7020** or via e-mail at **[betsy\\_hearingassociates@yahoo.com](mailto:betsy_hearingassociates@yahoo.com)**. Written requests or complaints should be sent to this person at **Hearing Associates, Inc. 18433 Roscoe Blvd. Suite 204, Northridge, CA 91325**.

## VI. CHANGES

We reserve the right to change the terms of this Notice and our privacy policies at any time. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in **Hearing Associates, Inc** registration area. The Notice will contain on the first page, in the top right-hand corner, the effective date. In

addition, each time you register at or are admitted to **Hearing Associates, Inc** or for treatment or health care services, we will offer you a copy of the current Notice in effect or go to our website at [www.hearingassociates.weebly.com](http://www.hearingassociates.weebly.com).

**VII. ACKNOWLEDGEMENT**

You will be asked to sign an acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and treatment from **Hearing Associates, Inc** is not conditioned upon your providing the written acknowledgement.

**Acknowledgement of Receipt**

I hereby acknowledge that I have received a copy of **Hearing Associates, Inc** Notice of Privacy Practices.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of patient or patient's representative

Printed name of patient/patient's representative: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_