

**NOTICE OF HEALTH INFORMATION PRACTICES  
UPDATE 07/23/2018**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**INTRODUCTION:**

**AT THE HEARING CENTER, WE ARE COMMITTED TO TREATING AND USING PROTECTED HEALTH INFORMATION ABOUT YOU RESPONSIBLY. THIS NOTICE OF HEALTH INFORMATION PRACTICES DESCRIBES THE PERSONAL INFORMATION WE COLLECT, AND HOW AND WHEN WE USE OR DISCLOSE THAT INFORMATION. IT ALSO DESCRIBES YOUR RIGHTS TO ACCESS AND CONTROL YOUR PROTECTED HEALTH INFORMATION. THIS NOTICE IS EFFECTIVE APRIL 14<sup>TH</sup>, 2003, AND APPLIES TO ALL PROTECTED HEALTH INFORMATION AS DEFINED BY FEDERAL REGULATIONS.**

**UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

**EACH TIME YOU VISIT THE HEARING CENTER, A RECORD OF YOUR VISIT IS MADE. WE CREATE A RECORD OF THE CARE AND SERVICES YOU RECEIVE AT THE HEARING CENTER. WE NEED THIS RECORD TO PROVIDE YOU WITH QUALITY CARE AND COMPLY WITH LEGAL REQUIREMENTS. THIS INFORMATION, OFTEN REFERRED TO AS YOUR HEALTH OR MEDICAL RECORD, SERVES AS A:**

- 1. BASIS FOR PLANNING YOUR CARE AND TREATMENT**
- 2. MEANS OF COMMUNICATION AMONG THE MANY HEALTH PROFESSIONALS WHO CONTRIBUTE TO YOUR CARE**
- 3. LEGAL DOCUMENT DESCRIBING THE CARE YOU RECEIVED**
- 4. MEAN BY WHICH YOU OR A THIRD-PARTY PAYER CAN VERIFY THAT SERVICES BILLED WERE ACTUALLY PROVIDED.**
- 5. A SOURCE OF DATA FOR OUR PLANNING AND MARKETING**
- 6. A TOOL WITH WHICH WE CAN ASSESS AND CONTINUALLY WORK TO IMPROVE THE CARE WE RENDER AND THE OUTCOMES WE ACHIEVE.**

**UNDERSTANDING WHAT IS IN YOUR RECORD AND HOW YOUR HEALTH INFORMATION IS USED HELPS YOU TO: ENSURE ITS ACCURACY, BETTER UNDERSTANDING WHO, WHAT, WHEN, WHERE, AND WHY OTHERS MAY ACCESS YOUR HEALTH INFORMATION, AND MAKE MORE INFORMED DECISIONS WHEN AUTHORIZING DISCLOSURE TO OTHERS.**

**YOUR HEALTH INFORMATION RIGHTS**

**ALTHOUGH YOUR HEALTH RECORD IS THE PHYSICAL PROPERTY OF THE HEARING CENTER, THE INFORMATION BELONGS TO YOU. YOU HAVE THE RIGHT TO:**

- 1. OBTAIN A PAPER COPY OF THIS NOTICE OF INFORMATION PRACTICES UPON REQUEST**
- 2. INSPECT AND COPY YOUR HEALTH RECORD**
- 3. AMEND YOUR HEALTH RECORD**
- 4. OBTAIN AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION**
- 5. REQUEST COMMUNICATIONS OF YOUR HEALTH INFORMATION BY ALTERNATIVE MEANS OR AT ALTERNATIVE LOCATIONS**
- 6. REQUEST A RESTRICTION ON CERTAIN USES AND DISCLOSURES OF YOUR INFORMATION AND**
- 7. REVOKE YOUR AUTHORIZATION TO USE OR DISCLOSURES HEALTH INFORMATION EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN**

**OUR RESPONSIBILITIES**

**THE HEARING CENTER IS REQUIRED TO:**

- 1. MAINTAIN YOUR PRIVACY OF YOUR HEALTH INFORMATION**
- 2. PROVIDE YOU WITH THIS NOTICE AS TO OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO INFORMATION WE COLLECT AND MAINTAIN ABOUT YOU**
- 3. ABIDE BY THE TERMS OF THIS NOTICE**
- 4. NOTIFY YOU IF WE ARE UNABLE TO AGREE TO A REQUESTED RESTRICTION, AND**
- 5. ACCOMMODATE REASONABLE REQUESTS YOU MAY HAVE TO COMMUNICATE HEALTH INFORMATION BY ALTERNATIVE MEANS OR AT ALTERNATIVE LOCATIONS.**

**WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL PROTECTED HEALTH INFORMATION WE MAINTAIN. WE MAY CHANGE THE TERMS OF THIS NOTICE AND MAKE THE NEW NOTICE AVAILABLE UPON YOUR REQUEST.**

**WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION, EXCEPT AS DESCRIBED IN THIS NOTICE. WE WILL ALSO DISCONTINUE TO USE OR DISCLOSE YOUR HEALTH INFORMATION AFTER WE HAVE RECEIVED A WRITTEN REVOCATION OF THE AUTHORIZATION ACCORDING TO THE PROCEDURES INCLUDED IN THE AUTHORIZATION**

**WE WILL ONLY CONTACT YOU VIA EMAIL, IF YOU HAVE PROVIDED US WITH AN EMAIL TO LEAVE PRIVATE HEALTH INFORMATION. THERE ARE RISKS INHERENT TO COMMUNICATION VIA EMAIL, AND WHILE OUR SERVERS ARE SECURE AND HIPPA COMPLIANT, WE CANNOT BE SURE THE INTENDED RECIPIENT OF THE EMAIL ACTUALLY RECEIVES IT**

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

**IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU CAN FILE A COMPLAINT WITH THE PRACTICE'S PRIVACY OFFICER, OR WITH THE OFFICE FOR CIVIL RIGHTS, US DEPARTMENT OF HEALTH AND HUMAN SERVICES. THERE WILL BE NO RETALIATION FOR FILING A COMPLAINT WITH EITHER THE PRIVACY OFFICER OR THE OFFICE FOR CIVIL RIGHTS.**

**IF YOU HAVE ANY QUESTIONS AND WOULD LIKE ADDITIONAL INFORMATION, YOU MAY CONTACT THE PRACTICE'S PRIVACY OFFICER, AT 732-574-3550 OR BY MAIL AT: 49 BRANT AVE. SUITE 4, CLARK NJ 07066**

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

**WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT; FOR EXAMPLE, INFORMATION OBTAINED WILL BE RECORDED IN YOUR RECORD AND USED TO DETERMINE THE COURSE OF TREATMENT THAT SHOULD WORK BEST FOR YOU. WE WILL ALSO PROVIDE YOUR PHYSICIAN OR A SUBSEQUENT HEALTH CARE PROVIDER WITH COPIES OF VARIOUS REPORTS THAT SHOULD ASSIST HIM OR HER IN TREATING YOU.**

**WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT; FOR EXAMPLE: A BILL MAY BE SENT TO YOU OR A THIRD-PARTY PAYER. THE INFORMATION ON OR ACCOMPANYING THE BILL MAY INCLUDE INFORMATION THAT IDENTIFIES YOU, AS WELL AS YOUR DIAGNOSIS, PROCEDURES, AND SUPPLIES USED.**

**WE WILL USE YOUR HEALTH INFORMATION FOR REGULAR HEALTH OPERATIONS; FOR EXAMPLE: WE MAY USE INFORMATION IN YOUR HEALTH RECORD TO ASSESS THE CARE AND OUTCOMES IN YOUR CASE AND OTHERS LIKE IT. THIS INFORMATION WILL THEN BE USED IN AN EFFORT TO CONTINUALLY IMPROVE THE QUALITY AND EFFECTIVENESS OF THE HEALTHCARE AND SERVICE WE PROVIDE.**

**BUSINESS ASSOCIATES: THERE ARE SOME SERVICES PROVIDED IN OUR ORGANIZATION THROUGH CONTACTS WITH BUSINESS ASSOCIATES. EXAMPLES MAY INCLUDE HEARING AID MANUFACTURERS AND SOFTWARE OR MARKETING CONSULTANTS. WHEN THESE SERVICES ARE CONTRACTED, WE MAY DISCLOSE YOUR HEALTH INFORMATION TO OUR BUSINESS ASSOCIATE SO THAT THEY CAN PERFORM THE JOB WE'VE ASKED THEM TO DO, TO PROTECT YOUR HEALTH INFORMATION.**

**NOTIFICATION: WE MAY USE OR DISCLOSE INFORMATION TO NOTIFY OR ASSIST IN NOTIFYING A FAMILY MEMBER, PERSONAL REPRESENTATIVE, OR ANOTHER PERSON RESPONSIBLE FOR YOUR CARE.**

**COMMUNICATION WITH FAMILY: HEALTH PROFESSIONALS, USING THEIR BEST JUDGMENT, MAY DISCLOSE TO A FAMILY MEMBER, OTHER RELATIVE, CLOSE PERSONAL FRIEND OR ANY OTHER PERSON YOU IDENTIFY, HEALTH INFORMATION RELEVANT TO THAT PERSON'S INVOLVEMENT IN YOUR CARE OR PAYMENT RELATED TO YOUR CARE.**

**RESEARCH: WE MAY DISCLOSE INFORMATION TO RESEARCHERS WHEN THEIR RESEARCH HAS BEEN APPROVED BY AN INSTITUTIONAL REVIEW BOARD THAT HAS REVIEWED THE RESEARCH PROPOSAL AND ESTABLISHED PROTOCOLS TO ENSURE THE PRIVACY OF YOUR HEALTH INFORMATION.**

**MARKETING: WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS OR INFORMATION ABOUT TREATMENT ALTERNATIVES OR OTHER HEALTH-RELATED BENEFITS AND SERVICES THAT MAY BE OF INTEREST TO YOU**

**FDA: WE MAY DISCLOSE TO THE FDA HEALTH INFORMATION RELATIVE TO ADVERSE EVENTS WITH RESPECT TO PRODUCT AND PRODUCT DEFECTS, OR POST MARKETING SURVEILLANCE INFORMATION TO ENABLE PRODUCT RECALLS, REPAIRS, OR REPLACEMENT.**

**WORKERS COMPENSATION: WE MAY DISCLOSE HEALTH INFORMATION TO THE ENTITLED AUTHORIZED BY AND TO THE EXTENT NECESSARY TO COMPLY WITH LAWS RELATING TO WORKERS COMPENSATION OR OTHER SIMILAR PROGRAMS ESTABLISHED BY LAW.**

**PUBLIC HEALTH: AS REQUIRED BY LAW, WE MAY DISCLOSE YOUR HEALTH INFORMATION TO PUBLIC HEALTH OR LEGAL AUTHORITIES CHARGED WITH PREVENTING OR CONTROLLING DISEASE, INJURY, OR DISABILITY.**

**LAW ENFORCEMENT: WE MAY DISCLOSE HEALTH INFORMATION FOR LAW ENFORCEMENT PURPOSES AS REQUIRED BY LAW OR IN RESPONSE TO A VALID SUBPOENA.**

**EMERGENCIES: WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN AN EMERGENCY SITUATION, IF WE ATTEMPT TO OBTAIN CONSENT FROM YOU, BUT ARE UNABLE TO DO SO DUE TO CIRCUMSTANCES**

**COMMUNICATION BARRIERS: WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IF WE ATTEMPT TO OBTAIN CONSENT FROM YOU BUT ARE UNABLE TO DO SO DUE TO SUBSTANTIAL COMMUNICATION BARRIERS AND WE DETERMINE, USING PROFESSIONAL JUDGMENT, THAT YOU INTEND TO CONSENT TO USE OR DISCLOSE UNDER THE CIRCUMSTANCES**

**MILITARY ACTIVITY AND NATIONAL SECURITY: WHEN THE APPROPRIATE CONDITIONS APPLY, WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION OF INDIVIDUALS WHO ARE ARMED FORCES PERSONNEL (1) FOR ACTIVITIES DEEMED NECESSARY BY APPROPRIATE MILITARY COMMAND AUTHORITIES; (2) FOR THE PURPOSE OF A DETERMINATION BY THE DEPARTMENT OF VETERAN AFFAIRS OF YOUR ELIGIBILITY FOR BENEFITS; OR (3) TO FOREIGN MILITARY AUTHORITY IF YOU ARE A MEMBER OF THE FOREIGN MILITARY SERVICES. WE MAY ALSO DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO AUTHORIZED FEDERAL OFFICIALS FOR CONDUCTING NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, INCLUDING FOR THE PROVISION OF PROTECTIVE SERVICES TO THE PRESIDENT AND OF OTHERS LEGALLY AUTHORIZED.**

**FEDERAL LAW MAKES PROVISIONS FOR YOUR HEALTH INFORMATION TO BE RELEASED TO AN APPROPRIATE HEALTH OVERSIGHT AGENCY, PUBLIC HEALTH AUTHORITY OR ATTORNEY, PROVIDED THAT A WORK FORCE MEMBER OR BUSINESS ASSOCIATE BELIEVES IN GOOD FAITH THAT WE HAVE ENGAGED IN UNLAWFUL CONDUCT OR HAVE OTHERWISE VIOLATED PROFESSIONAL OR CLINICAL STANDARDS AND ARE POTENTIALLY ENDANGERING ONE OF MORE PATIENTS, WORKERS OR THE PUBLIC.**