

Notice of Privacy Practices

This Notice of Privacy Practices (NPP) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this NPP please contact the Privacy Officer at Northland Hearing Associates, Inc. (NHAI).

888 Haines, Suite 224, Liberty, MO 64068

Phone (816) 781-2333 or Fax (816) 781-2342

Email: drkurtz@northlandhearingassociates.com

This NPP will explain:

- How a NHAI may use and disclose your Protected Health Information (PHI);
- Our obligations related to the use and disclosure of your PHI;
- Your rights related to any PHI that a HCC has or retains about you.

This NPP describes how a NHAI may use and disclose your PHI to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

NHAI is required to abide by the terms of this NPP. A copy is available. NHAI may change the terms of this NPP, at any time. The new NPP will be effective for all PHI that NHAI maintains at that time. NHAI will provide you with any revised NPP by posting it on our website: www.northlandhearingassociates.com and making it available when you visit a NHAI.

I. Uses and Disclosures of Protected Health Information (PHI)

On your first visit to a NHAI, you may be asked to complete a new patient information form and you will be required to sign an acknowledgement of NPP. A copy of the NPP will be made available to you. NHAI may obtain, but is not required to, your consent for the use or disclosure of your PHI for treatment, payment and/or health care operations. NHAI is required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. NHAI has listed some of the types of uses or disclosures below. Not every possible use or disclosure is covered, but all of the ways that NHAI is allowed to use and disclose information will fall into one of the categories. Your PHI may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of a HCC. Following are examples of the types of uses and disclosures of your PHI that NHAI is permitted to make.

A. Treatment: NHAI will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your PHI with a third party that has already obtained your permission to have access to your PHI. For example, NHAI would disclose your PHI, as necessary, to a home health agency that provides care to you. NHAI will also disclose PHI to other providers or health facilities that may treat you when it has the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a health provider to whom you have been referred to ensure that the provider has the necessary PHI to diagnose or treat you. In addition, NHAI may disclose your PHI from time-to-time to another health care provider (*e.g.*, a specialist or laboratory) who, at the request of your provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your provider.

B. Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, NHAI may need to provide your insurance plan information about treatment you received, so your insurance will pay for the services.

C. Healthcare Operations: NHAI may use or disclose, as needed, your PHI in order to support the business activities of NHAI. These activities include, but are not limited to: quality assessment activities, licensing, and employee review activities. In addition, NHAI may use a sign-in sheet at the registration desk where you will be asked to sign your name. The staff of NHAI may also call you by name in a lobby when your provider is ready to see you. NHAI may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. NHAI will share your PHI with third party "business associates" that perform various activities (*e.g.*, billing, reading of x-rays, performing lab tests, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, NHAI will have a written contract that contains terms that will protect the privacy of your PHI.

II. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your provider has taken an action in reliance on the use or disclosure indicated in the authorization.

A. Research: To comply with laws and regulations other than HIPAA, NHAI will not allow your PHI collected by their staff, to be used in research projects without your written consent.

III. Uses and Disclosures of Protected Health Information That Do Not Require Your Consent or Authorization

NHAI can use or disclose PHI about you without your consent or authorization when:

- There is an emergency or when NHAI is required by law to treat you,
- When NHAI is required by law to use or disclose certain information, or
- When there are substantial communication barriers to obtaining consent from you.

NHAI can also use or disclose PHI about you without your consent or authorization for:

A. Appointment Reminders: NHAI may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services at NHAI.

B. Treatment Alternatives and Health-Related Benefits and Services: NHAI may use and disclose PHI to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

C. Individuals Involved in Disaster Relief: Should a disaster occur, NHAI may disclose PHI about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

D. As Required By Law: NHAI will disclose PHI about you when required by law.

E. To Avert a Serious Threat to Health or Safety: NHAI may use and disclose PHI about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person. However, any such disclosure would only be to someone able to help prevent the threat.

F. Organ and Tissue Donation: If you are an organ donor, NHAI may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

G. Military and Veterans: If you are a member of the armed forces, NHAI may release PHI about you as required by military command authorities. NHAI may also release PHI about foreign military personnel to the appropriate foreign military authority.

H. Workers' Compensation: When disclosure is necessary to comply with Workers' Compensation laws or purposes, NHAI may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

I. Public Health Risks: NHAI may disclose PHI about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. NHAI will only make this disclosure if you agree or when required or authorized by law.

J. Health Oversight Activities: NHAI may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities 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.

K. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, NHAI may disclose PHI about you in response to a court or administrative order as required by law.

L. Law Enforcement: NHAI may release PHI if asked to do so by a law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment records), a court order is required. NHAI may also release limited PHI to law enforcement in the following situations: (1) about a patient who may be a victim of a crime if, under certain limited circumstances, the HCC is unable to obtain the patient's agreement; (2) about a death NHAI believes may be the result of criminal conduct; (3) about criminal conduct at the university; (4) about a patient where a patient commits or threatens to commit a crime on the premises or against program staff (in which case NHAI may release the patient's name, address, and last known whereabouts); (5) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime; and (6) when the patient is a forensic client and NHAI is required to share with law enforcement by Missouri statute.

M. Coroners, Medical Examiners and Funeral Directors: NHAI may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. NHAI may also release PHI about patients of the university facilities to funeral directors as necessary to carry out their duties.

N. National Security and Intelligence Activities: NHAI may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

O. Protective Services for the President and Others: NHAI may disclose PHI about you to authorized federal officials so they may conduct special investigations or provide protection to the President and other authorized persons or foreign heads of state.

P. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, PHI may be released about you to the correctional institution or law enforcement official if the release is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

IV. Other Uses Or Disclosures Of Protected Health Information

Other uses or disclosures not covered in this NPP will not be made without your written authorization, unless otherwise permitted or required by law. If you provide NHAI with written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is *in writing*. If you revoke your authorization, NHAI will no longer use or disclose the information. However, NHAI will not be able to take back any disclosures that have been made pursuant to your previous authorization.

V. Your Rights Regarding Health Information About You

You have the following rights regarding PHI NHAI maintains about you:

A. Right to Inspect and Copy: You have the right to inspect and receive a copy of your PHI *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. To inspect and receive a copy of your PHI, you must submit your request in writing to NHAI's Unit Privacy Officer or designee. If you request a copy of the information, NHAI may charge a fee for the costs of copying, mailing or other supplies associated with your request. NHAI may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI because of a threat or harm issue, you may request that the denial be reviewed. Another licensed health care professional chosen by NHAI will review your request and the denial. The person conducting the review will not be the person who denied your request. NHAI will comply with the outcome of the review.

B. Right to Request an Amendment: If you feel your PHI that NHAI has about you is incorrect or incomplete, you may ask to have the information amended. You have the right to request an amendment for as long as the information is kept by or for NHAI. Requests for an amendment must be made *in writing* and submitted to the Unit Privacy Officer or designee. You must provide a reason to support your request for an amendment. NHAI may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, NHAI may deny your request if you ask us to amend information that:

- Was not created by NHAI, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for NHAI;
- Is not part of the information which you would be permitted to inspect and copy or;
- Is accurate and complete.

C. Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures", a list of the disclosures made by a NHAI of your PHI. To request an accounting of disclosures, you must submit your request *in writing* to NHAI's Unit Privacy Officer or designee. Your request must state a time period which may not go back more than six years and cannot include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists in a twelve-month period, NHAI may charge you for the cost of providing the list. NHAI will notify you what that cost will be and give you an opportunity to withdraw or modify your request before you are charged. There are some disclosures that NHAI does not have to track. For example, when you give NHAI an authorization to disclose some information, NHAI is not required to track that disclosure.

D. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI A NHAI uses or discloses about you for treatment, payment and/or health care operations. For example, you could ask that NHAI not use or disclose information about your family history to a particular community provider. *NHAI is not required to agree to your request.* If NHAI does agree, it will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, you must make your request in writing to the NHAI's Unit Privacy Officer or designee. In your request, you must tell NHAI (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).

E. Right to Request Confidential Communications: You have the right to request that NHAI communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that a NHAI only contact you at work or by mail. To request confidential communications, you must make your request *in writing* to a [NHAI's Unit Privacy Officer](#) or designee. Your request must specify how or where you wish to be contacted. A HCC will not ask you the reason for your request and will accommodate all reasonable requests.

F. Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask NHAI to give you a copy of this notice at any time by contacting the NHAI's Unit Privacy Officer or designee. You may also obtain a copy of this notice at our website www.northlandhearingassociates.com.

VI. Changes To This Notice

NHAI reserves the right to change this NPP. The University may make the revised notice effective for PHI NHAI already has about you as well as any information NHAI receives in the future. NHAI will post a copy of the current NPP in all NHAI'S. The NPP 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 or apply for services to NHAI for treatment and/or services, you will be offered a copy of the current NPP in effect. If you want to request any revised NPP, you may access it at our website, <http://www.northlandhearingassociates.com>.

VII. Complaints

If you believe your privacy rights have been violated you may:

A. File a complaint with NHAI by contacting its Unit Privacy Officer or Designee by dialing the NHAI's main number, or the Privacy Officer by dialing the (816-781-2333), or by mail: Privacy Officer, Northland Hearing Associates, Inc, 888 Haines, Suite 224, Liberty, MO, 64068.

B. File a complaint with NHAI or the Secretary of the Department of Health and Human Services. You may call them at 877-696-6775 or write to them at 200 Independence Ave. S.W., Washington, DC, 20201.

C. File a grievance with the Office of Civil Rights by calling 866-OCR-PRIV (866-627-7748), or 886-788-4989 TTY.

All complaints must be submitted *in writing*. You will *not* be penalized for filing a complaint.

HIPAA Procedure 1.005, Form 2