

ROCHESTER HEARING AND SPEECH CENTER
1000 Elmwood Avenue
Rochester, New York 14620
(585) 271-0860

PRIVACY NOTICE

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 OBLIGATIONS:

We are required by law to:

- Maintain the privacy and security of protected Health Information
- Give you this notice of our legal duties and privacy practices regarding Health Information about you
- Follow the duties and privacy practices described in this notice

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose Health Information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer whose contact information is provided on page 4 of this notice.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose Health Information to make sure the audiology or occupational therapy care you receive is of the highest quality.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us.

SPECIAL SITUATIONS:

We are allowed to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Research. We can use or share your Health Information for health research as required or allowed by federal and state laws.

Respond to Organ and Tissue Donation Requests. We can share Health Information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director. We can share Health Information about you with a coroner, medical examiner or funeral director when an individual dies.

Respond to Lawsuits and Legal Actions. We can share Health Information about you in response to a court order, administrative order or subpoena, as required or allowed by federal and state laws.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law. We may also use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report child abuse or neglect; report problems with products; notify people of recalls of products they may be using. We will only make this disclosure if you agree or when required or authorized by law.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Data Breach Notification Purposes. We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your Health Information.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; or (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Personal Representatives. We may disclose your Health Information to, or according to the direction of a person who under applicable law, has the authority to represent you in making decisions related to your health. For example, we may disclose your Health Information to a legal guardian, health care agent or other person who by law is allowed to make health care decisions for you in the event you should become unable to make your own health care decisions.

USES AND DISCLOSURES THAT GENERALLY REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Health Information that directly relates to that person's involvement in your health care.

Share Information in a Disaster Relief Situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Health Information will be made only with your written authorization:

1. Uses and disclosures of your Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Health Information
3. Psychotherapy notes generally require a written authorization, but psychotherapy notes as defined by the Health Insurance Portability and Accountability Act (“HIPAA”) are not kept by this Practice.

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Health Information under the authorization, but disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation. The contact information for our Privacy Officer is located on page 4 of this notice.

YOUR RIGHTS:

You have the following rights regarding your Health Information:

Right to Inspect and Obtain Information. You have a right to inspect and obtain a paper or electronic copy of your Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and/or obtain a paper or electronic copy of your Health Information, you must make your request, in writing, to our Privacy Officer whose contact information is located on page 4 of this notice. We usually have up to 30 days to make your Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other costs associated with your request. We may deny your request in certain limited circumstances. If we do deny your request, you may have the right to appeal. If you have been denied the right to inspect or obtain a copy of your Health Information and wish to appeal, please contact our Privacy Officer whose contact information is provided on page 4 of this notice.

Right to Get Notice of a Breach. You have the right to be promptly notified if a breach occurs that may have compromised the privacy or security of your Health Information.

Right to Amend. If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our office. To request an amendment, you must make your request, in writing, to our Privacy Officer whose contact information is provided on page 4 of this notice.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request to our Privacy Officer whose contact information is provided on page 4 of this notice.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your

request, in writing, to our Privacy Officer whose contact information is provided on page 4 of this notice. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full, and no other law requires us to share that information.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to our Privacy Officer whose contact information is provided on page 4 of this notice. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

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 electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.rhsc.org. To obtain a paper copy of this notice, request a copy from the receptionist or direct your request in writing to our Privacy Officer whose contact information is provided on page 4 of this notice.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

To file a complaint with our office, contact our Privacy Officer, Katie Ryan, Rochester Hearing and Speech Center, 1000 Elmwood Ave Suite 400, Rochester NY 14620. All complaints must be made in writing.

To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, or call 1-877-696-6775 or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.