

# Achieve Hearing & Rehabilitation, Inc.

## NOTICE OF PRIVACY PRACTICES

Effective 05/01/2008

### 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

If you have any questions about this notice, please contact our Privacy Officer at 972-608-0416.

#### **Our Pledge Regarding Medical Information**

*Achieve Hearing & Rehabilitation* understands that your health information is personal. We are committed to protecting this information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements.

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

#### **How Achieve May Use and Disclose Your Health Information**

1. **For Treatment** We may use your health information to provide you with medical treatment or services. We may disclose this information to other *Achieve Hearing & Rehabilitation* employees or your referring source(s) that are involved with your care. Please note any additional physicians, medical professionals, etc. that you would like us to provide with your medical information

Name	Phone #	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **For Payment** We may use and disclose your health information so that the treatment and services you receive at *Achieve Hearing & Rehabilitation* may be billed to, and payment may be collected from an insurance company, you, or a third party.

For example, *Achieve Hearing & Rehabilitation* may need to give/disclose your information to your insurance company to obtain reimbursement for the services provided.

3. **Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment. If you do not wish to have appointment reminders please notify us.
4. **Health-Related Benefits and Services** We may use and disclose medical information to tell you about treatment options, health related benefits, or services that may be of interest to you.
5. **Individuals Involved in Your Care or Payment for Your Care** We may release information about you to a family member or other designated person that is involved in your care. We may also give information to someone who helps pay for your care. Please note any people that we can share your information with:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

#### **Special Situations: Additional uses and disclosures for which authorization or opportunity to agree or object is not required by law**

1. **As Required By Law** We will disclose medical information about you when required to do so by federal, state, or local law.

2. **To Advert 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.
3. **Workers' Compensation** We may release medical information to Worker's Compensation, as required by workers' compensation laws. This program provides benefits for work-related injuries.

#### **Uses of Medical Information that Require Authorization**

Disclosures of medical information that are not related to treatment, payment, or health care operations, or are not otherwise covered by this notice (e.g. under "Special Situations") can be made only with your specific written authorization. You may revoke that authorization, 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 will not be able to take back any disclosures that we have already made with your prior permission.

#### **Your Rights Regarding Your Medical Information**

You have the following rights regarding medical information we maintain about you:

1. **Right to Review and Copy** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care.  
  
You must submit your request for your medical information in writing. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.
2. **Right to Appeal a Denial of Access to Medical Information** We may deny your request for access to health information if it is determined that, for treatment reasons, it will have a negative effect on you. If you are denied access to your medical information you may request that the denial be reviewed or the record be sent to a practitioner designated by you.
3. **Right to Amend** If you believe that medical 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 maintained.  
  
Submit your request in writing. Your request must be made in writing and include the reason that supports your request. We may deny your request if you ask us to amend information that is not part of the information which you would be permitted to inspect and copy or we believe the information is accurate and complete.
4. **Right to Request Restrictions** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment or health care operation. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.  
  
You must make your request for any restrictions in writing. In your request, you must tell us (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.
5. **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. You must make your request for confidential communications in writing. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
6. **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. You may also print a copy of this notice at our website [Achievehearing.com](http://Achievehearing.com).

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with *Achieve Hearing & Rehabilitation* or with the Secretary of the Department of Health and Human Services. To file a complaint with our company, submit your complaint in writing to: *Achieve Hearing & Rehabilitation* Attention: HIPAA Privacy Officer, 5928 W Parker Road Suite 1000, Plano, TX 75093. All complaints must be in writing. **You will not be penalized for filling a complaint.**

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. 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. Current copies of this notice will be available upon request. The current notice will also be posted at our website.

The effective date of the notice will be posted on the first page, in the top right-hand corner.

