

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW THE DOCUMENT CAREFULLY

Effective April 14, 2003

### **What is Protected Health information (PHI)?**

Protected health information (PHI) is information that identifies who you are and relates to your past, present or future physical or mental health or condition, the provision of health care to you, or past, present or future payment for the provision of health care to you. PHI does not include information about you that is publicly available or that is in a summary form that does not identify who you are.

### **Purpose of this Notice**

In the course of doing business as a Hearing Center we gather and maintain PHI about the patients we serve. This notice describes our privacy practices and how we protect the confidentiality of your PHI.

### **How we protect your PHI**

We restrict access to your PHI to those employees who need access in order to provide services to our patients. We have established and maintain appropriate physical, electronic, and procedural safeguards to protect your PHI against unauthorized use or disclosure.

### **Types of Use and Disclosures we may make without your Authorization**

### **Treatment, payment, and Health Care Operations**

Federal and State laws allow us to use and disclose your PHI to:

1. Order hearing aids from manufacturers
2. Confirm health care coverage
3. Bill and collect payment for benefits you may have through an insurance carrier
4. Coordinate your health care when provided by other health care providers

We may also use your PHI to recommend rehabilitative alternatives to you either through services this office may provide or that may be available to you from other specialists.

We may contact you to remind you of your appointments, periodic re-evaluations or tests.

We may also disclose your PHI to our business associates for the performance of routine business functions. Any business associate of ours must also agree to safeguard your PHI as required by law.

There are other specific conditions under which we may be required to disclose your PHI without your authorization:

1. When required by law
2. For health oversight activities required by the government
3. For law enforcement purposes
4. In connection with services provided under worker's compensation laws.

We may also disclose your PHI to your family members or other persons who are involved in your care or payment of that care. If you object to that disclosure you must inform us of that fact.

### **Authorizations**

Other uses and disclosures of your PHI must be made with your signed authorization. The revocation or modification of any signed authorization will not become effective until we receive your written notice of the change.

### **Your rights regarding your PHI**

You have the right to review and receive a copy of your PHI. If you wish to access your PHI, contact our office in writing, identifying specifically what you want access to. If it is necessary to deny your request for review or a copy of your PHI, we will explain the reasons in writing.

### **Your right to amend your PHI**

You have the right to request amendment to your PHI. If you wish to amend your PHI, write to us and tell us what you want changed and why. If we deny your request, we will explain why.

### **Right to receive an accounting of disclosures of your PHI**

You have the right to request an accounting of certain disclosures that we make of your PHI.

We are not required to give you an accounting of disclosures made before October 14, 2003.

**You have the right to request and receive a paper copy of this Notice.**

**Right to request restrictions**

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment and health care operations. All requests must be made in writing. We are not required to accept your request for restrictions. If we accept the restrictions that your request and you later want to terminate those restrictions, you must notify us in writing.

**Right to confidential communications**

You have the right to request that we provide your PHI to you in a confidential manner. We will accommodate any reasonable requests, unless they prove to be administratively burdensome, or they are prohibited by law.

**Right to complain**

We must follow the privacy practices in this Notice while it is in effect. If you wish to exercise your rights to file a complaint, please direct your statements to:

Hearing Resource Center of San Mateo, Inc.  
Attn: Privacy Officer  
100 S. Ellsworth Avenue, Suite 303  
San Mateo, CA 94401

You may contact your health plan, the California Department of Managed Care, or the Secretary of the US Department of Health and Human Services if you have concerns or a complaint. We will not retaliate against you for filing a complaint against us.

**Rights reserved**

We reserve the right to contact you regarding appointment reminders, follow-up reminders, and to inform you of rehabilitative alternatives.

These contacts will be made by leaving a message on your answering machine, or with a family member, or by mailing a post card to you. We will limit the amount of information disclosed in each message to information necessary to confirm an appointment or to ask you to call us.

# Notice of Privacy Policies

for



**Hearing Resource Center of San Mateo**  
**100 S. Ellsworth Ave, Ste 303 & 711**  
**San Mateo, CA 94401**  
**(650) 579-4470**  
**(650) 579-4471 fax**