

# **APPALACHIAN AUDIOLOGY, PLLC PATIENT NOTICE OF PRIVACY PRACTICES**

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.

## **APPALACHIAN AUDIOLOGY, PLLC'S DUTIES**

By law, Appalachian Audiology, PLLC must keep protected health information private. The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by Appalachian Audiology, PLLC and relates to a patient's healthcare or payment for the provision of medical services. This includes not only the results of tests and notes written by clinical personnel, but also certain demographic information (such as your name, address and telephone number) that is related to your health records.

Appalachian Audiology, PLLC is required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect.

## **HOW APPALACHIAN AUDIOLOGY, PLLC FULFILLS THESE DUTIES**

- We consider patient privacy as part of our mission to serve the needs of the patient first.
- We take necessary precautions against inappropriate use or disclosure of medical information.
- Our employees are expected to access medical information only as necessary to perform their jobs.
- Any employee who violates these rules and policies are subject to sanctions, including discipline and termination.

## **THE HEALTHCARE PROVIDERS COVERED BY THIS NOTICE**

This notice covers Appalachian Audiology, PLLC's personnel, volunteers, students, and trainees. The notice also covers other healthcare providers that come to our facilities to care for patients (such as speech/language pathologist not employed by Appalachian Audiology, PLLC), unless these other healthcare providers give you their own notice of privacy practices that describes how they will protect your medical information.

## **A WORD ABOUT FEDERAL AND STATE LAW**

Federal and state laws require us to protect your medical information and federal law requires us to describe to you how we handle that information. When federal and state privacy laws differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law.

## **PART I – MOST COMMON USES AND DISCLOSURES**

This section describes the most common circumstances in which we may use or disclose protected health information.

### **TREATMENT**

We will use and disclose protected health information to provide, coordinate or manage your care. This includes communication and consultation between healthcare providers – doctors, nurses, technicians, and other members of your medical team.

#### Additional Applicable State Law Requirements:

Tennessee law generally requires patient consent for disclosures of protected health information by Appalachian Audiology, PLLC for treatment purposes, unless the consent is not possible due to a medical emergency.

#### **PAYMENT**

We will use and disclose protected health information to create bills and collect payment from insurance companies, Medicare and other payers. This may include providing information such as dates of service, symptoms and diagnosis to your insurance company to show that we provided medical services to you. This information may be transferred electronically to a third party professional medical biller to be processed and forwarded to your insurance company. You may order us NOT to notify your insurance company about service if you plan to pay for services out-of-pocket.

#### **PATIENT CONTACTS**

At times, we may access information, such as your name, address and general medical condition to contact you to:

- set up or remind you about future appointments;
- provide information about treatment alternatives or other information that may be of interest to you; or
- disclose health-related benefits or services that may be of interest to you;
- in addition, we may ask for your name at the registration desk where you will be asked to check in and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you.

#### **FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE**

Appalachian Audiology, PLLC may disclose relevant protected health information to a family member or friend who is involved with your care. We find that many patients want us to discuss their care with their family members and others. This will help to keep them up-to-date on your care, to help them understand your care, to help in handling your bills, or to help in the scheduling of your appointments. In a disaster situation, we also may disclose relevant protected health information to disaster relief organizations to help locate your family members or friends or to inform them of your location, condition, or death. If family members or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise. If you do not want us to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please inform the person assisting you during registration and/or admission.

#### **HEALTHCARE OPERATIONS**

We may use or disclose, as-needed, your protected health information in order to support the business activities of Appalachian Audiology, PLLC. These activities include, but are not limited to, quality assessment activities, business associate and subcontractor review activities, training of students, licensing, and conduction or arranging for other non-fundraising or non-marketing business activities.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services, etc.) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

## **PART II – OTHER POTENTIAL USES AND DISCLOSURES**

This section describes the less common circumstances in which we may use or disclose protected health information.

### **TO AVERT A SERIOUS THREAT OF HARM**

We may use and disclose protected health information to alert those able to prevent or lessen a serious and immediate threat to the health or safety of a patient, another person or the public.

### **MILITARY PERSONNEL**

If a patient is a member of the United States Armed Forces, Appalachian Audiology, PLLC may release protected health information as required by military authorities. We also may release protected health information about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the medical evaluation, the patient's medical information is shared with both the patient and the sponsoring organization. Patients being evaluated on behalf of the military should be aware of these arrangements.

### **WORKERS' COMPENSATION**

We may disclose protected health information for workers' compensation or similar programs as authorized or required by law. These programs provided benefits for work-related injuries or illness. State law requires you sign a specific release of information prior to this disclosure.

### **PUBLIC HEALTH PURPOSES**

Appalachian Audiology, PLLC may disclose protected health information for public health purposes. The following are some examples of releases that are for public health purposes:

- to report to the federal government adverse reactions to medication or safety problems with FDA-regulated products;
- to notify people of product recalls

### **HEALTH OVERSIGHT ACTIVITIES**

Appalachian Audiology, PLLC may disclose protected health information to health oversight agencies that oversee our operations or personnel. For example, we may need to disclose protected health information to the state agencies that oversee our healthcare facilities or licensed healthcare personnel (e.g., Department of Health), or the federal agencies that oversee Medicare. These agencies need such information to monitor our compliance with state and federal laws.

### **LAWSUITS AND OTHER JUDICIAL PROCEEDINGS**

Appalachian Audiology, PLLC may disclose protected health information in response to a valid court or administrative order. We also may disclose protected health information in response to certain types of subpoenas, discovery requests or other lawful process.

### **LAW ENFORCEMENT ACTIVITIES**

We may disclose protected health information to law enforcement officials. For example, we may release protected health information to law enforcement officials:

- in response to a valid court order, grand jury subpoena, or search warrant;
- to identify a suspect, fugitive or missing person;
- about the victim of a crime under certain limited circumstances;

- about a death believed to be a result of criminal conduct; or
- about a crime committed on our premises.

#### Additional Applicable State Law Requirements

Tennessee law generally requires patient consent for disclosures of protected health information by Appalachian Audiology, PLLC for law enforcement purposes, unless the disclosure is in response to a valid court order or warrant.

#### **REQUIRED BY LAW**

Appalachian Audiology, PLLC will use or disclose protected health information when required by federal, state, or local laws. For example, we are required to report abuse or neglect of a child or vulnerable adult.

#### **USES AND DISCLOSURES PURSUANT TO AN AUTHORIZATION**

Except as described in this notice or specifically required or permitted by law, Appalachian Audiology, PLLC, will not use or disclose your protected health information without your specific written authorization. A valid authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to Appalachian Audiology, PLLC, 130 Mabry Hood Road, NW, Ste. 103, Knoxville, TN 37922, Attention: Janice R. Dungan, AuD, CCC-A. Once authorization is revoked, we will no longer be allowed to use or disclose protected health information for the purposes described in the authorization except to the extent that we have already taken action based upon the authorization.

#### **PART III – PATIENTS' RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION**

This section describes the rights of our patients to protected health information.

#### **RIGHT TO INSPECT AND COPY**

You have the right to inspect and to request a copy of information maintained in our designated medical record about you. This includes medical and billing records maintained and used by Appalachian Audiology, PLLC to make decisions about your care.

To obtain or inspect a copy of your medical information, submit a written request. You may request a printed or an electronic copy of your record. We generally may charge a reasonable, cost-based fee to cover the expense of providing copies.

#### **RIGHT TO REQUEST ALTERNATE METHODS OF COMMUNICATION**

You have a right to request that we communicate with you in certain ways (such as a letter or by phone) or at a certain location. For example, you may ask that we contact you only at home or only at your place of business. In this situation, you may submit a written request to us or note this on the registration form. We will accommodate reasonable requests. However, if the request could result in Appalachian Audiology, PLLC not being able to collect for services, we reserve the right to require you to provide additional information about how payment for services will be handled.

#### **RIGHT TO REQUEST AMENDMENT**

You have the right to request that your protected health information in Appalachian Audiology, PLLC's designated medical record for you be amended. If you wish to request amendment of the information in your record, submit a written request to Dr. Dungan. The request must include a reason to support the amendment. We may deny a request for amendment based upon any of the following circumstances:

- the request is not in writing or does not include a supporting reason;

- the information you want to change was not created by Appalachian Audiology, PLLC, and the originator of the information is available to make the amendment;
- the information is not part of the designated medical record; or
- the information in the record is accurate and complete.

If Appalachian Audiology, PLLC denies your request for an amendment, we will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to us as referenced above, or you can ask that your request for amendment and explanation of the denial be included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, we may include a rebuttal statement addressing your statement of disagreement in the designated medical record.

## **RIGHT TO A LIST OF CERTAIN DISCLOSURES**

You can ask us for a list of the persons or organizations to which we have disclosed your protected health information. This list would provide you with a summary of certain disclosures we have made that you would not otherwise be in a position to know about. The following are examples of disclosures that would not be included in the list:

- disclosures to carry out treatment, payment and healthcare operations;
- disclosures made directly to you (the patient) or disclosures that you have specifically authorized;
- disclosures to person involved in your care;
- disclosures incident to a use or disclosure that is otherwise permitted or required by law;
- disclosures made for national security or intelligence purposes;
- disclosures made to correctional institutions or law enforcement officials having custody over a patient; or
- disclosures that took place before April 14, 2003.

To get a copy of the list, submit a written request to us. Your request must state a time period (beginning no earlier than April 14, 2003 when the federal privacy rules go into effect and for no longer than six years). The first list requested within a 12-month period shall be provided at no charge. For additional lists requested during the same 12-month period, we may charge for the costs of providing the list.

## **RIGHT TO REQUEST RESTRICTIONS**

You can ask Appalachian Audiology, PLLC to restrict the use or disclosure of protected health information about you for treatment, payment or healthcare operations. Your request must be in writing and submitted to us.

## **COMPLAINTS**

If you want to file a complaint or express concerns about Appalachian Audiology, PLLC's use or disclosure of protected health information, please contact us.

You also may file a written complaint with the United States Department of Health and Human Services – Office of Civil Rights.

## **KEY INFORMATION ABOUT THIS NOTICE**

- This is a revised notice for Appalachian Audiology, PLLC. The effective date of this revised notice is September 23, 2013.
- Additional paper copies of this notice will be provided upon request.

- From time to time, we may change our practices concerning how we use or disclose protected health information, or how we will implement patient rights concerning their information. We reserve the right to change the terms of this notice and make the new notice provisions effective for all protected health information maintained by us. We will follow the terms and conditions of the notice that is currently in effect.
- When the notice is revised, it will be posted. It will also be available via the following website: [www.appalachianaudiology.com](http://www.appalachianaudiology.com).
- Adapted, with permission, from the Mayo Clinic Patient Privacy Policy, March, 2008. Revised September, 2013.