

# D'Aurora Hearing and Audiology

## *Notice of Privacy Practices*

D'Aurora Hearing and Audiology is required by law to ensure that the Protected Health Information (PHI) of each patient will be maintained according to the standards set forth in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

Protected Health Information (information that is individually identifiable) may be collected from the patient, recorded, and disclosed for the purposes of treatment, payment, and health care operations without the patient's written consent. The disclosure of PHI may be, but not limited to, hearing aid and earmold manufacturers/laboratories, physicians, and health care facilities for treatment purposes, insurance carriers for payment, and accountants for health care operation purposes. In addition, PHI may be disclosed without patient consent when required by law, for public health activities, in case of domestic violence or abuse and neglect, for health oversight activities, for judicial and administrative activities in response to a court order, or in response to a subpoena or discovery request. The law requires that for purposes other than treatment, if PHI is disclosed, it shall be only the minimum amount, and to the minimum number of individuals necessary to accomplish the purpose of the disclosure. Other uses and disclosures of PHI may be done so only with your written authorization, and you may revoke such authorization.

D'Aurora Hearing and Audiology has entered into Business Associate Agreements with parties who receive PHI to ensure their compliance with HIPAA privacy requirements.

Your individual rights with respect to Protected Health Information (PHI) include:

- The right to complain to this practice and to the Secretary of Health and Human Services if you believe your privacy rights have been violated, and that no retaliatory actions will be made against you in the event of such a complaint.
- The right to request restrictions on certain uses and disclosures of your PHI and your acknowledgement that this practice is not required to agree to a requested restriction.
- The right to receive confidential communications of PHI.
- The right to inspect and copy PHI.
- The right to amend PHI.
- The right to receive an accounting of disclosures of PHI.
- The right to obtain a copy of the Notice of Privacy Practices from this practice upon request.

This practice reserves the right to change the terms of this Notice of Privacy Practices and to make new provisions effective for all health information that it maintains. If changes occur, this practice will provide you with a revised Notice of Privacy Practices upon request.

