

# HANOVER AUDIOLOGY, PLLC

## NOTICE OF PRIVACY PRACTICES

**This notice describes how the medical information about you may be used, is disclosed, and how you can get access to the information. Please review it carefully.**

*Notice of Privacy Practices [effective 05-14-2012]*

### ***Who will follow this notice?***

The information privacy practices in this notice will be followed by:

- (1) Any healthcare professional that treats you at this location
- (2) All departments and units of our organization
- (3) All employed associates, staff, or volunteers of our organization, including staff in our office with which we may share information

### ***Our pledge to you:***

We understand medical information about you is personal and we are committed to protecting said information about you. We create a record of the care/services you receive to provide quality care and to comply with legal requirements. This notice applies separately at each unit of our organization and applies to all the records of your care maintained separately at each unit of our organization, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in their office. We are required by law to:

- (1) Keep medical information about you private
- (2) Give you this notice of our legal duties and privacy practices with respect to medical information about you
- (3) Follow the terms of the notice that is currently in effect

***Changes to this notice:*** We may change our policies at any time. Changes will apply to medical information we already hold as well

as new information after the change(s) occur. Before we make any significant changes in our policies, we will change our notice and post the new notice in our waiting area and on our website at [www.hanoveraudiology.com](http://www.hanoveraudiology.com). You can receive a copy of the notice at any time and can be offered a copy of the current notice when you register at the front desk for your appointment. You may also be asked to acknowledge in writing your receipt of this notice.

### ***How we may use and disclose medical information about you:***

(1) We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); to **obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and to **support our healthcare operations** (such as comparing patient data to improve treatment methods).

(2) We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, and worker's compensation purposes and emergencies**.

We also disclose medical information **with required by law**, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.

(3) We may also contact you for **appointment reminders**, or to tell you about

recommended **possible treatment options, alternatives, health related benefits or services** that may be of interest to you or support fund raising efforts.

(4) We may disclose medical information about you to **a friend or family member who is involved in your medical care** or to disaster relief authorities so that your family can be notified of your location and condition.

***Other uses of medical information:***

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

***Your rights regarding medical information about you:***

(1) In most cases, **you have the right to look at or get a copy of your medical information** that we use to make decisions about your care, when you submit a written request. If you request copies we may charge you a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

(2) If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information obtained by us; or if we determine the record is accurate. You may appeal in writing, a decision by us not to amend a record.

(3) **You have the right to a list of those instances where we have disclosed medical information about you**, other than for treatment, payment, healthcare options or where you specifically authorize a disclosure, when you submit a written request. The request must state the time

period desired for the accounting, which must be less than a 6 year period. You may receive the list in paper or electronic form. The first disclosure list requested in a 12 month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

(4) If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**

(5) **You have the right to request medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. (6) **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, **but we are not legally required to accept it.** We will inform you of our decision on your request. All written requests or appeals should be submitted to our office listed at the end of this notice.

***Complaints:***

(1) If you are concerned your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our office in writing.

(2) Under no circumstances will you be penalized or retaliated against for filing a complaint.

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