

## **Hermiston Hearing Aid Center LLC Notice of Privacy Practices**

This document describes the type of information Hermiston Hearing Aid Center Inc. gathers about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your hearing health information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions regarding this Privacy Notice, please contact our Privacy Officer @ (541) 567-4063.

### **Our Pledge Regarding Health Information**

Hermiston Hearing Aid Center Inc. is required by law to maintain the privacy of your hearing healthcare information. We understand that information about you and your health is personal. We are committed to protecting the confidentiality of your hearing healthcare information. As part of our routine operations, we create a record of the care and service you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Hermiston Inc.'s personnel. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

### **How We May Use and Disclose Health Information About You**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use or disclose hearing healthcare information about you to provide you with treatment or services. We also may disclose hearing healthcare information with providers outside of our system involved in your in your treatment.
- **For Payment.** We may use and disclose hearing healthcare information about you to get payment for the healthcare services you receive. For example, we may provide information to bill your health plan for treatment you received or to obtain pre-authorization for treatment you are going to receive.
- **For Health Care Operations.** We may use and disclose hearing healthcare information about you for hearing healthcare operation. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or care at the facility.
- **Treatment Alternatives.** We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose information to tell you about health-related benefits or services that may be of interest to you
  - **Individual Involvement in Your Care or Payment for your Care.** We may release information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care.
- **As Required By Law.** We will disclose information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **Special Disclosure Situations**

- **Military and Veterans.** If you are a member of the armed forces, we may release information about you required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release information about you to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Specialized Government Function.** We may disclose your hearing healthcare information to government agencies with special functions as required or permitted by law.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Your Rights Regarding Information About You

You have the rights regarding information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy information that may be used to make decisions about your hearing health care. You must submit your request in writing to our Privacy Officer @ 405 N St. Suite 107 Hermiston, OR 97838. You may be charged a fee for copying and mailing your records.
- **Right to Amend.** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to our Privacy Office @ 405 N St. Suite 107 Hermiston, OR 97838. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures made after April 14, 2003. You must submit your request in writing to our Privacy Officer 405 N St Suite 107 Hermiston, Or 97838 This list will not include disclosures made for treatment, payment or hearing healthcare operations. This list will not include information provided directly to you or your family. The list will not include information that was sent with your authorization. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or hearing healthcare operations. We are not required to agree to your request. To request restrictions, you must make your request in writing to our Privacy Officer @ 405 N 1<sup>st</sup> St Suite 107, Hermiston Or 97838
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about matters in a certain way or at a certain location. We will accommodate all reasonable requests.
- **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.

## Effective Date of This Notice

This notice is effective on April 15, 2003. We reserve the right to change this notice. Any changes will apply to information that we already have about you. We will post a copy of the current notice in the facility.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with Hermiston Hearing Aid Center. Inc.'s Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to our Privacy Officer @ 405 N 1st St Street Hermiston Or 97838 You will not be penalized for filing a complaint.

## Other Uses of Information

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

## Acknowledgement

By signing and dating the form below I acknowledge that I have received a copy of Hermiston Hearing Aid Center Notice of Privacy Practices.

\_\_\_\_\_

Name

\_\_\_\_\_

Today's Date