

# **NOTICE OF PRIVACY PRACTICES**

*Revised Effective April 2013*

**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.**

## **ABOUT THIS NOTICE**

Kentucky Audiology & Tinnitus Services (“KATS”) is committed to protecting your health information. This Notice of Privacy Practices (“Notice”) is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as revised in the 2013 HIPAA Omnibus Rule. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or audiological/health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our duties with respect to your protected health information.

“Protected health information” is information about you that may identify you and that relates to your past, present or future physical or mental health/condition and related audiological/health care services. We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please call or email our Privacy Officer, Ann L. Rhoten, using the contact information at the end of this form.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made.

### **1. Treatment**

We may use and disclose your protected health information to provide, coordinate, or manage your audiological treatment and any related services. We may also disclose your protected health information to other third party providers involved in your audiological/health care. For example, your protected health information may be provided to a physician or other audiological/health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other audiological/health care provider has the necessary information to diagnose or treat you.

### **2. Payment**

We may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program, or third party payors. This may include certain activities that your health insurance plan may undertake before it approves or pays for the audiological/health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may provide your health plan with medical information about the audiological/health care services KATS rendered to you for reimbursement purposes.

### **3. Audiological/Health Care Operations**

We may use and disclose your protected health information for audiological/health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to audiologists, physicians, nurses, technicians, medical students, and other personnel for educational and learning purposes.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

### **1. Treatment Communications**

We may provide you with treatment communications concerning treatment alternatives or other health related products or services. For communications for which we or a business associate may receive financial remuneration in exchange for making the communication, we must obtain written authorization unless the communication is made face-to-face and/or involving promotional gifts of nominal value. If you do not wish to receive these communications please submit a written request to our Privacy Officer, Ann L. Rhoten, at the address found at the end of this form.

### **2. Fundraising Activities**

We may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by KATS. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to our Privacy Officer, Ann L. Rhoten, at the address found at the end of this form.

### **3. Others Involved in Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Also, for example, if you are brought into this office and are unable to communicate normally with your clinician for some reason, we may find it is in your best interest to give your hearing instrument and other supplies to the friend or relative who brought you in for treatment. We may also use and disclose protected health information to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up your hearing instruments, supplies, records, or other things that contain protected health information about you.

### **4. Required by Law**

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

## **5. Public Health**

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

## **6. Business Associates**

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

## **7. Communicable Diseases**

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

## **8. Health Oversight**

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the audiological/health care system, government benefit programs, other government regulatory programs and civil rights laws.

## **9. Abuse or Neglect**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

## **10. Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required by law.

## **11. Legal Proceedings**

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

## **12. Law Enforcement**

We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

### **13. Coroners, Funeral Directors, and Organ Donation**

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

### **14. Research**

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### **15. Serious Threat to Health or Safety**

Consistent with applicable federal and state laws, we may disclose your protected health information to prevent or lessen a serious threat to your health and safety or to the health and safety of another person or the public.

### **16. Military Activity and National Security**

If you are involved with military, national security or intelligence activities, or if you are in law enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their legal duties under the law.

### **17. Workers' Compensation**

We may disclose your protected health information as authorized for workers' compensation or other similar programs that provide benefits for a work-related illness.

### **18. For Data Breach Notification Purposes**

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

### **19. Required Uses and Disclosures**

Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR 164.500 et. seq.

### **SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION**

The following uses and disclosures will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes for which we or a business associate may receive remuneration; and

2. Disclosures that constitute a sale of protected health information.

## **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION NOT DESCRIBED IN THIS NOTICE**

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that KATS has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### **1. Right to be Notified if there is a Breach of Your Protected Health information**

You have the right to be notified upon a breach of any of your unsecured protected health information.

### **2. Right to Inspect and Copy**

You may inspect and obtain a copy of your protected health information that is contained in your medical and billing records and any other records that KATS uses for making decisions about you, for as long as KATS maintains such records. To inspect and copy your medical information, you must submit a written request to our Privacy Officer, Ann L. Rhoten, at the address found at the end of this form. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information as provided by 45 CFR 164.524. A decision to deny access may be reviewable. If you have any questions about access to your medical record, please call or email our Privacy Officer, Ann L. Rhoten, using the contact information found at the end of this form.

### **3. Right to Request Restrictions**

You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or close personal friends who may be involved in your care or for notification purposes as described in this Notice. To request a restriction on who may have access to your protected health information, you must submit a written request to our Privacy Officer, Ann L. Rhoten, at the address found below. Your request must state the specific restriction requested and to whom you want the restriction to apply. KATS is not required to agree to a restriction that you may request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or audiological/health care operation purposes and such information you wish to restrict pertains solely to a audiological/health care item or service for which you have paid us "out-of-pocket" in full. If we believe it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless you agree, in writing

or orally with documentation, to terminate the restriction, it is needed to provide emergency treatment, or as otherwise provided by law.

#### **4. Right to Request Confidential Communication**

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Requests must be in writing and must clearly state that the disclosure of all or part of the requested information by alternative means or at an alternative location could endanger you. We will accommodate reasonable requests. The written request must be mailed to our Privacy Officer, Ann L. Rhoten, at the address found at the end of this form.

#### **5. Right to Request Amendment**

You may request an amendment of your protected health information contained in your medical and billing records and any other records that KATS uses for making decisions about you, for as long as we maintain the protected health information. Requests must be made in writing and must provide the reason(s) supporting the requested amendment(s). Requests should be mailed to our Privacy Officer, Ann L. Rhoten, at the address found at the end of this form. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

#### **6. Right to an Accounting of Disclosures**

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to authorized family members or friends, for a resident directory, for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. A request for an accounting of disclosures must be in writing and submitted to our Privacy Officer, Ann L. Rhoten, at the address found at the end of this form. Please provide the reason(s) that supports your request.

#### **7. Right to Obtain a Paper Copy of this Notice**

You have the right to receive a paper copy of this Notice even if you have agreed to receive it electronically. You can request a copy at any time. To obtain a paper copy of this Notice, you can call or email our Privacy Officer, Ann L. Rhoten, using the contact information found at the end of this form. You may also obtain a copy of this Notice at [www.kytinnitustreatment.com](http://www.kytinnitustreatment.com).

### **KATS' RIGHTS AND DUTIES REGARDING YOUR PROTECTED HEALTH INFORMATION**

The following statement describes KATS' duties to you as a "covered entity" under HIPAA regarding your protected health information.

#### **1. Duty to Guard you Protected Health Information**

KATS is required by law to maintain the privacy of your protected health information and to notify you should there be a breach of unsecured protected health information. This Notice fulfills our duty to provide you with notice of our legal duties and privacy practices with respect to protected health information.

### **3. Duty to Abide by the Current Notice**

KATS is required by law to abide by the terms of the notice currently in effect.

### **2. Right to Change the Terms of this Notice**

KATS' reserves the right to change the terms of this Notice at any time and to make new Notice provisions effective for all protected health information that we maintain. The new Notice will be effective for all health information we already have about you as well as any information we receive in the future. You can obtain a revised Notice at [www.kytinnitustreatment.com](http://www.kytinnitustreatment.com) or by contacting our Privacy Officer, Ann L. Rhoten, using the contact information found at the end of this form.

### **COMPLAINTS OR QUESTIONS**

If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. KATS will not retaliate against you for filing a complaint. If you wish to file a complaint with us, please call or email our Privacy Officer, Ann L. Rhoten, using the contact information at the end of this form or contact the Corporate Privacy Officer using the address below with the addressee as:

Kentucky Audiology & Tinnitus Services  
Attn: Corporate Privacy Officer

### **WHOM TO CONTACT REGARDING KATS' PRIVACY POLICIES**

**A. KATS' Privacy Officer.** Any and all inquiries, comments, or concerns arising from or relating to any information provided in this Notice should be directed to KATS' Privacy Officer:

**Address:**

Ann L. Rhoten  
Kentucky Audiology & Tinnitus Services  
1517 Nicholasville Road #202  
Lexington, KY 40503

**Email:** [arhoten@kytinnitustreatment.com](mailto:arhoten@kytinnitustreatment.com)

**Phone Number:** (859) 554-5384

**C. Electronic Copy of This Notice.** You may obtain an electronic copy of the most current version of this Notice at the following website: [www.kytinnitustreatment.com](http://www.kytinnitustreatment.com).

**Kentucky Audiology & Tinnitus Services**  
**Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received a copy of the Notice of Privacy Practices of Kentucky Audiology & Tinnitus Services (“KATS”). I was able to ask all questions of the KATS’s staff that I had at the time, and understand that I am free to ask additional questions as I have them.

\_\_\_\_\_  
Signature (Patient, Parent, Responsible Party)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name