

## HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### *Please Review Carefully*

If you have any questions about this Notice please contact our Privacy Contact.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out Treatment, Payment or health care Operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected Health Information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

#### **Use and Disclosures of Protected Health Information:**

Your PHI may be used and disclosed by your practitioner, our office staff and others outside our office that are involved in your care and treatment, for the purpose of providing health care services to you, to obtain payment for your health care bills, to support the operation for this practice, and any other use required by law.

#### **Treatment:**

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, *your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.* For example, *we would disclose your PHI, as necessary, to a home health agency that provides care to you.*

#### **Payment:**

Your PHI will be used, as needed, to obtain payment for the health care services. For example, *obtaining approval for a specialist may require that your relevant PHI be disclosed to the health plan to obtain approval for proposed treatment.*

#### **Healthcare Operations:**

We may use or disclose, as needed, your protected health information in order to support the business activities of this practice. These activities include, but not limited to, quality assessment activities, employee review, training, licensing, and conducting or arranging for other business activities. For example, *we may disclose your protected health information to medical compliance auditors in their endeavors.*

#### **Other permitted Uses and Disclosures:**

We may also call you by name in the waiting room when your practitioner is ready to see you. We may disclose your Protected Health Information (PHI), as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization: as required by law; Public Health issues as required by law Communicable Diseases; Health Oversight; Abuse or Neglect; Food & Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers Compensation.

#### **Required Uses and Disclosures:**

Under the law, we must make disclosures to you and when required by the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500. Other Permitted and Required Uses and Disclosures will be made only with Your Consent, authorization or opportunity to object unless required by law. You may revoke this authorization, at any time, in writing, except to the extent your practitioner or the practice has taken an action in reliance on the use or disclosure indicated in this authorization.

## Western Colorado Hearing & Balance

### **Patient Rights – Your Rights**

It is the policy of this practice to always ensure that all information is protected. This practice maintains a Compliance Program to ensure compliance with all State of Colorado, Federal, HIPAA, and HITECH laws and regulations. As your practitioner we can attest that your care and your privacy are of utmost importance. The following is a statement of your rights with respect to your PHI.

**You have the right to inspect a copy of your Protected Health information (PHI).**

Under Federal Law, however, 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 PHI.

**You have a right to request a restriction of your PHI.**

This means you may ask us not to use or disclose any or part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your practitioner is not required to agree to restriction that you may request. If the practitioner believes it is in your best interest to permit use and disclosure of your PHI, your health information will not be restricted. You have the right to choose another practitioner.

**You have the right to have your practitioner amend your PHI.**

If we deny your request for amendment, you have the right to file a statement of disagreement with the practice and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.**

We reserve the right to change the terms of this Notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this Notice.

**Complaints:**

You may complain to the practice or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the practice. You may file a complaint with us by notifying our privacy contact of your complaint.

***There will be no Retaliation against you for filing a complaint.***

Please Contact our Office Manager  
if you have questions  
970.549.4660

This notice was published and becomes effective on/before July 1, 2020

We are required by law to maintain the privacy of our patients, and provide individuals with this notice of our legal duties and privacy practices with respect to your Protected Health information (PHI). If you have any questions, please ask to speak with our Privacy Contact or HIPAA Compliance Officer in person or by phone at (970) 549.4660.

***If you would like a copy of this Notice  
Please ask our Front Desk Staff***