



***Improve Your Hearing...Improve Your Life!***

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### **NOTICE OF PRIVACY PRACTICES**

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. PLEASE REVIEW THIS NOTICE CAREFULLY. THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED, DISCLOSED AND IT HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

#### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We create a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. We are also required by law to provide you with this Notice of our legal duties, privacy practices, and your rights concerning your health information. In addition, the law requires us to ask you to sign an Acknowledgement that you received this Notice. We are also required by law to notify you if you are affected by a breach of your unsecured health information.

We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 09/17/2014 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at anytime, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at anytime. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment for you. We may also use your health information to contact you to tell you about alternative treatments, or other health related benefits we offer (which occasionally may be underwritten by a manufacturer).

**Payment:** We may use or disclose your health information to obtain payment from your insurance plan(s) for the services that we render.

**Appointment Reminders:** We may use your health information to contact you to remind you of an appointment by leaving a message on your voicemail, or by sending you a text message or email.

**Healthcare Operations:** We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Authorizations:** We are required to obtain your written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Family & Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up hearing aid supplies, make appointment reminder telephone calls, or other similar forms of health information.

**Psychotherapy Notes:** We do not create or maintain psychotherapy notes on our patients, however, we are legally required to inform you that we must obtain your authorization prior to using or disclosing any such notes, should they be recorded.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written consent. Should you consent, we may send you technology updates that may or may not be partially funded by a manufacturer.

**Work-Related Injuries:** We may use or disclose your health information to an employer to evaluate work-related injuries.

As Required by Law: We may use or disclose your health information as required or authorized by law.

Public Health: We may disclose your health information to prevent or control disease, injury, or disability, to report deaths, to report reactions to medicines or medical devices, or to report suspected cases of abuse or neglect.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Law Enforcement: We may use and disclose your health information in order to comply with requests pursuant to a court order, warrant, subpoena, summons, or in an emergency.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correction institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Health Oversight Activities: We may use and disclose your health information to state and federal authorities, or the Armed Forces when required to do so. For example, we must give health information to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

## **PATIENT RIGHTS**

You have certain rights under federal and state laws relating to your health information. Some of these rights are described below:

Inspection and Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options.

You may have a paper or electronic copy of your health information in most situations. If you request a copy of your health information, we reserve the right to charge you a reasonable fee for making copies and/or mailing them to you.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, or release made pursuant to your authorization.

Restriction: You have the right to request that we place additional restriction on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we confidentially communicate with you about your health information by alternative means or to alternative locations. Your request must be in writing, and it must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. If your request is reasonable, it may be accepted.

Amendment: If you believe that there is an error in your health information, you have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Copy of Notice: You have the right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. We have also posted this Notice at our offices.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have question or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative locations, you may complain to us using the contact information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you that address upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **CONTACT INFORMATION**

The contact information listed below is for our main office. This is our mailing address as well as our primary physical location.

Kaia Rongstad  
Northland Audiology and Hearing Services, Inc.  
8800 Glacier Highway, Suite 116  
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