



Audiology Solutions, PC

8202 Clearvista Pkwy #8b, Indianapolis, IN 46256 | P: 317-436-8306 | F: 317-436-8462

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can get access to this information. **Please review this notice carefully.**

Your Rights: *When it comes to your health information, you have certain rights.* This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit health information we use or share
- Get a list (an “accounting”) of those with whom we’ve shared your health information
- Get a copy of this privacy notice
- Choose someone to act for you
- Keep your presence at Audiology Solutions confidential
 - The only exceptions to this rule are disclosures answering judicial court orders and disclosures to medical personnel or to a qualified person for research, audit, or program evaluation.
- File a complaint with us or with HHS if you feel your rights are violated

Your Choices: *For certain health information, you can tell us your choices about what we share.* If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory
- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
- In the case of fundraising:
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures: *How do we typically use or share your health information?* We typically use or share your health information in the following ways.

- Treat you
 - We can use your health information and share it with other professionals who are treating you.

- Run our Practice
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services
 - We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research, and are expressly permitted by HIPAA.

- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We may not acknowledge your presence at Audiology Solutions unless we receive your written consent or if there is a court order.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, then you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice:

This Notice describes how Audiology Solutions may use and disclose your protected health information. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Information:

If you have any questions about this Notice, or have a complaint, then please contact the following Privacy Officer:

Name: Amber S. Wolsiefer

Address: 8202 Clearvista Pkwy, #8b, Indianapolis, IN 46256

Phone: 317-436-8306

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

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