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## NOTICE OF PRIVACY PRACTICES

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.

### **Our Privacy Pledge**

While we have and always will respect the privacy of our clients, federal law requires us to maintain the privacy of hearing health information and other medical information (including examination, treatment and billing records) about you. If we change the terms of this Notice, we will notify you during your next visit or by mail.

### **Permissible Uses and Disclosures Without Authorization**

In some instances such as treatment, payment or authorizations, we may use or disclose your health information (other than highly confidential information) without first obtaining your written authorization. Examples include:

- 1. Treatment.** To evaluate, assess and treat your hearing condition.
- 2. Payment.** If the cost of your hearing instrument(s) is covered by a 3rd party insurance plan, we may disclose your health information to an insurance carrier, MNO, PPO, your employer, or other party that arranges or pays the cost of some or all of your health care, or to verify that such parties will pay for your health care.
- 3. Appointment Reminders.** Your name, address, phone number and other health information to provide appointment reminders, information about treatment alternative, or other health related information that may be of interest to you. When contacting you by telephone, if not home, a message will be left on your answering machine or at another location you reasonable request.
- 4. Disclosure to Relative, Close Friends and Other Caregivers.** Disclosure as designated by you. If you object to such disclosures, please notify us in writing.
- 5. Public Health Activities.** As required by law. For example: disease control, reporting abuse, negligence and health oversights, and information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

### **Uses and Disclosures Requiring Your Authorization**

**A. Uses or Disclosure With Your Authorization.** Unless covered by Federal Law, your health information will not be disclosed without your written authorization. You can refuse to give us written authorization. It will not affect the treatment we provide you.

**B. Your Right to Revoke Your Authorization.** You may revoke your authorization to us at any time. It must be in writing. There are two circumstances under which we will not be able to honor your revocation request:

1. If we have taken an action in reliance upon such authorization before we receive your request to revoke your authorization.
2. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

**C. Marketing.** We may communicate with you in person about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings.

## Your Individual Rights

**A. Your Right to Receive Confidential Communication Regarding Your Health Information.** We normally provide information about your health in person, at the time you receive hearing care services from us. You may request confidential communications and/or an alternative means of communicating your personal health information.

**B. Right to Request Additional Restrictions.** Any requests for restrictions on uses and disclosures must be in writing. While we consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

**C. Your Right to Inspect and Copy Your Health Information.** You may request access to your health information maintained by us in order to inspect and/or copy your health information. Your request must be in writing. We charge \$1.0 per page plus any postage costs incurred.

**D. Your Right to Amend Your Health Information.** You have the right to request that we amend your health information maintained by us. Requests must be in writing, including a reason to support the change you are requesting to make.

**E. Your Right to an Accounting of the Disclosures we have made of Your Records.** You may request, in writing, an accounting of the disclosures we have made of your health information for the last six years before the date of your request, if disclosure did not occur prior to April 15, 2006. The accounting will include all disclosures except those disclosures:

- Required to carry out treatment, payment and health care operations
- To you
- That are incident to a permitted use or disclosure
- Made pursuant to an authorization
- Required to maintain a directory of the individuals in our facility or to individuals involved with your care
- Required for national security or intelligence purposes
- To correctional institutions or law enforcement officers
- Made prior to April 15, 2006.

**F. Charges for Your Initial Hearing Exam.** If you have not purchased hearing instruments for Lake Area Hearing Solutions, LC, there may be a charge for a copy of your initial hearing examinations results.

## Re-Disclosure

Information that we use or disclose may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by federal law.

## Your Right to Obtain Further Information/Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about providing you access to your health information, please contact us. We respect your right to file a complaint and will not take any action against you if you file a complaint. Written comments should be addressed to:

Lake Area Hearing Solutions  
3797 Osage Beach Parkway, F3  
Osage Beach, MO 65065

You may also file complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services, 80-368-1019