

NOTICE OF PRIVACY PRACTICES



This notice was revised on May 11, 2020

This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your protected health information (PHI). This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PURPOSE OF THIS NOTICE is to describe how we use and disclose your medical health information. It describes your rights and our responsibilities concerning information about you. This notice applies to all staff members employed by Syracuse Hearing Solutions, trainees, or volunteers that you or your medical information may come in contact with. This notice applies to all protected health information created or maintained at Syracuse Hearing Solutions including any information we receive from you and any information we receive from other healthcare providers. Care providers at Syracuse Hearing Solutions may share information with each other as necessary to carry out treatment, payment, and health care operations, and can share information with your insurance companies in regards to payment for services.

OUR COMMITMENT TO THE PRIVACY OF YOUR HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of health information created or maintained by Syracuse Hearing Solutions concerning you. Certain state and federal laws and regulations require us to have policies and procedures to safeguard the privacy of your health information.

We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We reserve the right to change this notice. Any changes to this notice will apply to all the records that Syracuse Hearing Solutions has created or maintained in the past, and to any records that we may create or maintain in the future. If we make any changes to this notice, the revised notice will be available to you on request. You will be informed of any changes to this notice.

USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

We may use or disclose your health information in the following ways :

- * For purposes of treatment, payment or health care operations
- * For other purposes, with your written authorization
- * As required or permitted by law

In this notice, we describe each of the ways that we may use or disclose your health information. We have included examples of the different types of uses or disclosures. We have not listed every possible use or disclosure, but we have included all of the ways in which we may use or disclose your protected health information. We may use and disclose your protected health information for purposes of treatment, payment, or health care operations, without the need for your written authorization.

1) Treatment - Syracuse Hearing Solutions may disclose your health information to physicians or anyone involved in your health care. For example, if we need to coordinate treatment or therapy. We may disclose your health information to health care facilities and professionals outside of our facilities who are involved in your health care, such as doctors, clinical laboratories, pharmacies, or home health agencies.

2) Family members - Health care professionals at Syracuse Hearing Solutions, using their professional judgment, may disclose your protected health information to a family member, a close personal friend, or another individual who is involved in your care or in payment for your care.

3) Appointment reminders and follow-up calls - We may use or disclose your health information to contact you with a reminder that you have an appointment for treatment or medical care. We may also call to follow up on care you received from us, or to tell you of test results, or to confirm an appointment with us or with another health care provider.

4) Treatment alternatives, health-related benefits and services - We may use or disclose your health information to tell you about possible treatment alternatives or health-related benefits and services that may be of interest to you.

5) Payment - We may use or disclose your health information so that Syracuse Hearing Solutions or another health care provider may bill and collect payment from you, an insurance company, Medicare, Medicaid, or another third party for the health care services you receive at Syracuse Hearing Solutions, including obtaining prior approval or preauthorization.

6) Health care operations - We may use or disclose your health information to perform health care business operations within our facilities to assess whether you are receiving appropriate care from all staff and Syracuse Hearing Solutions members.

7) Business associates. We may disclose health information to outside companies that perform business services for us, such as billing companies, software vendors, attorneys, or external auditors. In those situations, we will have a written agreement with those other companies to ensure that they safeguard the privacy of your protected health information.

Uses and disclosures that require your written authorization -

We may use or disclose your health information with your written authorization for certain purposes other than treatment, payment or health care operations. When you have given us a written authorization for use or disclosure of your health information, you have the right to revoke that authorization at any time, but your revocation must be given to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. Some examples of uses or disclosures that would require your written authorization are providing health information to a pharmaceutical company for purposes of marketing or providing copies of your medical records to your attorney.

Uses and disclosures required or permitted by law without your written authorization -

Certain state and federal laws and regulations may either require or permit us to use or disclose your health information without your permission. The uses or disclosures that we may make in accordance with these laws and regulations include the following:

- 1) Public health activities in accordance with the law such as:
 - 1) To report births and deaths
 - 2) To prevent or control disease, injury or disability
 - 3) To report adverse reactions to medications or problems with health care products
 - 4) To notify individuals of product recalls
- 2) Health oversight activities – such as audits, investigations, inspections, or licensure or certification surveys.
- 3) Lawsuits and legal proceedings, legal dispute, or subpoena
- 4) Workman’s compensation, providing benefits for work-related injuries
- 5) Law enforcement
- 6) In compliance with a court order, subpoena, warrant, summons or other lawful process
- 7) To identify or locate a suspect, fugitive, material witness, or missing person
- 8) If you have been or suspected of being a victim of crime and you agree to the disclosure, or if we are unable to obtain your agreement because of your incapacity or another emergency
- 9) To report a death that we believe may be the result of criminal conduct
- 10) To report evidence of criminal conduct that occurred on Syracuse Hearing Solutions premises
- 11) To report a crime, including the location or victims of the crime, or the identity, description, or location of the individual who committed the crime
- 12) Coroners, medical examiners, or funeral directors. We may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your health information to a funeral director, in the event of your death.
- 13) Organ procurement organizations or tissue banks. If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

14) Research. In most cases, we will not disclose your health information for research purposes without your written authorization. However, in limited circumstances we may use or disclose protected health information without your written authorization if:

- The use or disclosure was approved by an Institutional Review Board or a Privacy Board; or
- The use or disclosure is necessary for purposes preparatory to research, and no protected health information will be removed from Syracuse Hearing Solutions; or
- The protected health information sought by the researcher relates only to decedents, and the disclosure is necessary for the purpose of research.
 - To avert a serious threat to health or safety.
 - Military authorities
 - National security and intelligence activities. We may disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- a. You have the right to inspect a copy of your health information, which must be submitted in writing to Syracuse Hearing Solutions, manager of records.
- b. You have the right to request an amendment.
- c. You have the right to an accounting of disclosures.
- d. You have the right to request restrictions.
- e. You have the right to confidentiality.
- f. You have the right to a copy of this notice.

COMPLAINTS - If you believe your privacy rights have been violated, you may file a complaint with Syracuse Hearing Solutions or with the secretary of the U.S. Department of Health and Human Services. To file a complaint with Syracuse Hearing Solutions, contact the following authority. All complaints must be submitted in writing. You will NOT be penalized for filing a complaint.

Nicole Anzalone, Au.D., CCC-A
DBA: Syracuse Hearing Solutions
Preferred Audiology Care, LLC
5639 West Genesee St.
Camillus, NY 13031
Phone (315) 468-2985
Fax (315) 320-0245

ADDENDUM:

Your "protected health information" ("PHI") means health information, including your demographic information, collected from you and created or received by your physician, another health care provider, a health plan, your employer or a health care clearinghouse. This protected health information relates to your past, present or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information may identify you.

From time to time, our practice would like to tell patients about products and services that we think may be of interest to them. When we give patients promotional gifts of nominal value, or recommend products or services in face-to-face communication, we do not require the patient's written authorization. However, we do require a patient's written authorization before sending other kinds of marketing communications if our practice receives financial remuneration for sending the communications.

If you consent to Provider's use or disclosure of your PHI for purposes of delivering relevant product and/or technology marketing communication to you, you acknowledge that Provider may receive financial remuneration from the manufacturer in connection with such communications.