

**HELTON HEARING INC. dba HELTON HEARING CARE**  
**Notice of Privacy Practices for Protected Health Information**  
**Effective Date: October 5, 2010**

**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!**

Helton Hearing Care is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. The following categories describe different ways that we use and disclose your medical information. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Examples of Uses of Your Health Information for Treatment Purposes are:**

- An audiologist assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the audiologist determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.
- We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our facilities.
- We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Example of Use of Your Health Information for Payment Purposes:**

We may use and disclose medical information about you so that the treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about audiology testing or a hearing aid purchase so your health plan will pay us or reimburse you for these products and/or services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **Example of Use of Your Information for Health Care Operations:**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our facilities and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to audiologists, technicians and audiologist assistants for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Your Health Information Rights**

**The health and billing records we maintain are the physical property of Helton Hearing Care. The information in it, however, belongs to you. You have a right to:**

- Ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, or our payment or health care operation activities. However, we are not required to agree to your requested restriction and, even if we agree to the requested restriction, we are permitted to use your information without complying with the restriction if necessary to treat you in an emergency situation. To request restrictions, please submit your request in writing to Helton Hearing Care, 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our office located at 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Helton Hearing Care;
- Is not part of the information that you would be permitted to inspect and copy; or,
- Is accurate and complete.

We will respond to your request in writing within sixty (60) days of your written request. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office. For example, you can ask that we only contact you at work or by mail. To request alternative means of communication, you must make your request in writing to 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office located at 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death. You must request this listing of disclosures by submitting your request in writing to Helton Hearing Care, 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715. We will provide you with the list within sixty (60) days of receipt of your request, unless you agree to a thirty (30) day extension. There is no charge to you for the list, unless you request such a list more than once a year.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.
- You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

If you want to exercise any of the above rights, please contact Gee Helton, Helton Hearing Care, 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715 (phone 406-586-0914), in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

## **Our Responsibilities**

### **Helton Hearing Care is required to:**

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Gee Helton, Helton Hearing Care, 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715 (phone 406-586-0914)

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Gee Helton, Helton Hearing Care, 1008 North 7<sup>th</sup> Avenue, Bozeman, MT 59715 (phone 406-586-0914). You may also file a complaint by mailing it or e-mailing it to the United States Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from Helton Hearing Care.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

## Other Disclosures and Uses

### **Communication with Family**

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

### **Notification**

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

### **Business Associates**

- We may use and disclose certain medical information about you to our business associates. A business associate is an individual or entity under contract with Helton Hearing Care to perform or assist us in a function or activity that necessitates the use or disclosure of medical information. Examples of business associates, include, but are not limited to, hearing aid suppliers, accountants, lawyers, medical transcriptionists, and third-party billing companies. Helton Hearing Care requires the business associate to protect the confidentiality of your medical information.

### **Research**

- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### **Disaster Relief**

- We may use and disclose your protected health information to assist in disaster relief efforts.

### **Food and Drug Administration (FDA)**

- We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### **Workers Compensation**

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

## **Public Health**

- As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

## **Abuse & Neglect**

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

## **Employers**

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

## **Correctional Institutions**

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

## **Military and Veterans**

- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## **Law Enforcement**

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

## **Health Oversight**

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

### **Judicial/Administrative Proceedings**

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

### **Serious Threat**

- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

### **For Specialized Governmental Functions**

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### **Coroners, Medical Examiners, and Funeral Directors**

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Covered Entities to funeral directors as necessary for them to carry out their duties.

### **Other Uses**

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

### **Website**

- This Notice will be posted on our website: <http://www.heltonhearing.com>