

BAYSIDE AUDIOLOGY

Effective Date: Sept. 19, 2013.

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.

PURPOSE:

This notice give you information about the privacy practices of Bayside Audiology from the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This Privacy Notice explains to you, a patient of this practice, how your medical information may be used and disclosed, and how you can get access to your medical information.

1. OUR COMMITMENT TO YOU REGARDING MEDICAL INFORMATION

This practice is determined to protect the privacy of your medical information. In order to provide you with quality care and service, as well as comply with the law, we must create a medical record for you and document the care and service you receive at this practice. Federal law requires us to ensure the confidentiality of our medical record. This notice will explain to you which circumstances require us to use or disclose your medical information. We also describe your rights, as well as our obligations, regarding the use and disclosure of medical information.

2. WHAT THE LAW REQUIRES US TO DO

The Federal Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of this notice that is now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the law permits the changes.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

2. USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

Following is a description of the different circumstances that may require this practice to use or disclose your medical information. For any of these circumstances, you can submit a written request restricting our use or disclosure of your medical information for treatment, payment, or healthcare operations. You may also request (in writing) that we only disclose your medical information to certain individuals responsible for your care or the payment for your care. Legally we are not required to agree to your request. If we do agree to honor the written request, then we must abide by our agreement unless in those situations required by law, in emergencies, or when information is necessary to treat you. If you wish to revoke any previously written request, you may do so in writing.

FOR TREATMENT:

We may use your health information to provide you with medical treatment or services, such as sharing medical data with another provider, making referrals. We may disclose your health information to those people who are responsible for your care. For instance: doctors, medical professionals or any other people taking care of you.

FOR PAYMENT:

We may use and disclose your health information for payment purposes. For instance we may need to give your health insurance plan information about a treatment you received at our practice when filing a claim, so that your health plan can either pay us or reimburse you for your payment. We may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

FOR HEALTHCARE OPERATIONS:

We may use and disclose your health information for our healthcare operations. This includes quality assurance, employee performance evaluations, conducting training programs, and getting the accreditation, licensure, and credentialing.

ADDITIONAL USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION (PHI):

In addition to using and disclosing your personal health information for treatment, payment and health care operations, the following examples are only some of the ways your PHI may be used.

a. Medical information to notify or help notify:

- * A family member
- * Your personal representative
- * Another person responsible for your care

We will share your PHI about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to refuse permission, we will share only the health information that is directly necessary for healthcare, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medical information for you.

b. Disaster Relief:

We may share PHI with a public or private organization or person who can legally assist in disaster relief efforts.

c. Fundraising:

We may provide PHI to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and dates of our healthcare. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

d. Research in Limited Circumstances:

PHI for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

e. Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties, we may share the PHI of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

f. Specialized Military Personnel Functions:

Your PHI may be disclosed if you are military personnel, either active status or a veteran, and if required by the appropriate authorities.

g. Public Health Activities:

Your PHI may be disclosed if required to do so by a public health or law enforcement official whose job is to prevent or control disease, injury or disability. Your PHI may also be disclosed to a person from the Food and Drug Administration for the purposes of reporting adverse effects stemming from product defects or problems, to enable product recalls, repairs or replacements, or to conduct activities required by the Food and Drug Administration.

h. Personal Health and Safety:

Your PHI may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of another individual or the public. The information will be disclosed only to a person or organization able to prevent the threat.

i. Workers Compensation:

Your PHI may be disclosed when necessary to comply with the laws for the Workers Compensation Program.

j. Public Health Oversight Activities:

Your PHI may be disclosed to public health authorities and health oversight agencies that are authorized by law to gather health information (e.g. audits, licensure, disciplinary actions, administrative and criminal investigations, ect).

k. Law Enforcement:

Your PHI may be disclosed in response to a court or administrative order in a lawsuit or similar proceeding. Also your PHI may be disclosed to a correctional institution or custodial care situations.

l. National Security and Intelligence:

We may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities.

m. For Tissue Donation Purposes:

We may disclose your PHI to organ banks for the purpose of facilitating organ, eye or tissue donation and transplantation.

n. Disclosures to Family, friends, and others:

Your PHI may be disclosed to your family or other persons who are directly involved in your healthcare or payment of care. You have the right to object to the sharing of this information.

o. About Victims of Abuse, Neglect or Domestic Violence:

Your PHI may be disclosed to a government authority, including a social service or protective services agency, "PHI reasonably believed to help in the case of a victim of abuse, neglect, or domestic violence.

p. Emergency treatment:

In cases of emergency, we may disclose your PHI to extent needed to provide you emergency treatment.

q. Whistle-blowers:

Your PHI may be disclosed to workforce members or business associates or to a government agency, public health authority, or an attorney if they believe in good faith that the care, services, or conditions provided by our staff could endanger patients and/or others.

OTHER LAWS PROTECT PHI

Bayside Audiology complies with the requirements of the Genetic Information Nondiscrimination Act of 2008 (GINA) and other federal and Oregon Privacy laws.

Bayside Audiology may be required to get your authorization for use and disclosure.

Bayside audiology may use or disclose PHI for purposes outside of treatment, payment and healthcare operations when your appropriate authorization is obtained.

Marketing- Uses and disclosures of your PHI for marketing purposes require your authorization.

Sale of PHI-Bayside Audiology is required to get your authorization to sell your PHI.

Authorization is required in all other uses and disclosures.

Uses and disclosures not described in this notice require your written authorization.

You have the right to revoke an authorization

If you would like to revoke your authorization to release PHI you must do so in writing. To Bayside Audiology 429 SE Marlin Avenue, Suite A Warrenton, OR 97146.

YOUR (PHI) PRIVACY RIGHTS

Right to request restrictions: You have the right to ask Bayside Audiology to limit how your PHI is used or disclosed to family members and others involved in your care or in the payment for your care. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply.

Right to receive confidential communications of your PHI: You have the right to ask that Bayside Audiology share PHI with you in other ways or at other locations than those ordinarily used at this facility. Your request must contain a statement that disclosures of all or part of the information could endanger you. For example, you may ask Bayside Audiology to send information to your work address instead of your home address. You must make this request in writing.

Right to see and get copies of your records: In most cases, you have a right to look at and get copies of your PHI maintained in a "designated record set." A "designated record set" is a group of records used to administer your health benefits, including registration information and claims. You must make this request in writing. You may be charge a fee for the cost of copying your records.

- You have a right to request that your PHI be sent directly to another person or physician, medical facility, etc. You must make this request in writing, and include the information of that person and your signature in your request.

Right to amend your PHI: If you think there is a mistake in your PHI created about you, you have a right to request to change or add missing information. You must make the request in writing, and provide a reason for your request. Under certain circumstances Bayside Audiology has the right to deny your request.

Right to an accounting of disclosures of PHI: You have a right to ask Bayside Audiology for a list of the times your PHI has been disclosed in the six years before your request. You must make this request in writing. If you request a list more than once during a 12 month period, you may be charged a cost-based fee.

Right to paper copy: You have a right to obtain a paper copy of this notice from Bayside Audiology upon request, or electronically or by facsimile.

BAYSIDE AUDIOLOGY'S DUTIES

- Bayside Audiology is required by law to maintain the privacy of your PHI
- Bayside Audiology is required to tell you in sufficient detail how it may use or disclose information about you. However, not all situations can be described.
- Bayside Audiology will notify you of any breaches of your unsecured PHI.
- Bayside Audiology is required to accept the terms of the notice currently in effect.
- Bayside Audiology will apply changes in privacy practices described in this notice or future notices prior to issuing a revised notice.

In the future, Bayside Audiology may change its "Notice of Privacy Practices." Any changes will apply to information Bayside Audiology already has and will apply to information received in the future. A copy of the new notice will be posted at the facility site. A copy of the new notice will be provided as required by law. You may ask for a copy of the current notice any time you visit Bayside Audiology.

How to contact Bayside Audiology to use your privacy rights: to use any of the privacy rights listed above, you may contact the facility FIIPPA-coMPLtAN-CE-OFFI-CER listed below.

How to file a privacy complaint or report a privacy problem: You can contact the person below to file a privacy complaint or any questions regarding this notice.

Rebecca Reed, HIPPA Compliance Office
Bayside Audiology
429 SE Marlin Avenue, Suite A
Warrenton, OR 97146
Telephone: (503) 861-3235
Fax#: (503) 861-3436

If you think that we may have violated your privacy rights, contact the person named above. You may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

HIPAA REGULATIONS REGARDING YOUR PRIVACY: ACKNOWLEDGEMENT FORM

I have been provided an opportunity to review Bayside Audiology's Notice of Privacy Practices.

Name: _____

(Please Print Your First and Last Name)

Signature: _____

Date: _____