KY Hearing Clinic
KENTUCKY'S PREMIER AUDIOLOGY GROUP

Dear Patient,

Welcome to KY Hearing Clinic! We are glad to have you join us on the journey toward better hearing. The audiologists' biographies are included for you to learn a bit about your provider.

Also included is the paperwork to complete before your appointment. Please bring it with you along with your insurance card. **If you have Medicare it is your responsibility to obtain an order from your physician before your hearing evaluation.** If you need assistance with this, please contact us.

Please arrive 10 minutes before your appointment to enjoy cookies and coffee while we make sure everything is set for you to see the audiologist.

Bringing a companion along is very helpful in the testing process. If you have any questions, feel free to reach out to us directly at 502-632-1460.

We look forward to seeing you soon!

Warm regards,

Patient Care Coordinator

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DIRECTIONS
Address: 2226 Holiday Manor Center, Suite 4, Louisville, KY 40222

From the west: 64 East, take exit 6 for 71N toward Cincinnati, continue on 71N for 5 miles, take exit 5 for I-264/Watterson Expy, take exit 22 for US42/Brownsboro Road, turn left onto US42, turn right into Holiday Manor Center (immediately before Kroger Fuel). You'll notice green awnings for Thai Café and Shiraz on your right, across from Kroger. Park near these restaurants. You'll find us just behind Shiraz, through an entrance called The Walk.

From the east: 64 West, take exit 12 for I-264E, take exit 22 for Brownsboro Road, take the first ramp to the far right for Hwy22/Brownsboro Road. Continue for .2 miles and turn left into the Holiday Manor Center. You'll notice green awnings for Thai Café and Shiraz on your left, facing Kroger. Park here. You'll find us behind Shiraz, through an entrance called The Walk.

From the north: 71S, take exit 5 for I-264W, take exit 22 for US42/Brownsboro Road, turn left onto US42, turn right into Holiday Manor Center (immediately before Kroger Fuel). You'll notice green awnings for Thai Café and Shiraz on your right, across from Kroger. Park near these restaurants. You'll find us just behind Shiraz, through an entrance called The Walk.

BIOGRAPHIES

Dr. Katie Austin has over ten years of cochlear implant experience providing care to nearly 600 implant patients ranging in age from infancy to elderly. She is a contributing author to two otolaryngology textbooks and speaks regularly about her passion of aural rehabilitation post-implantation. She obtained her graduate education at University of Louisville and completed her externship at Arizona Hearing and Balance Center. When not working, Dr. Austin enjoys trying new restaurants, exercising, and watching Kentucky Wildcats Basketball with her husband and two children.

Dr. Raquel Heacock obtained her B.S. in Education from the University of Louisville and also received her doctorate in audiology from University of Louisville, School of Medicine. Dr. Heacock is a Louisville native and graduated from Christian Academy of Louisville. She is passionate about educating others about the emotional and cognitive implications of hearing loss and the importance of including family members in the communication management process. When not working, Dr. Heacock enjoys adventures both big and small with her family and her two dogs and maintaining active involvement with her church.

Dr. Katherine Robertson is a native of Louisville and obtained her Doctorate in Audiology from the University of Louisville, School of Medicine in 2009. She has extensive experience in adult diagnostics and hearing amplification. In her free time, Dr. Robertson enjoys traveling with her husband and two daughters. Also take note of her husband's beautiful artwork displayed in our office!

Marci Shuman, M.S CCC-A, has over 15 years of experience in adult hearing aids, tinnitus and BAHA. She is committed to community outreach for awareness of early intervention of adult-onset hearing loss. She graduated from Arizona State University Masters in Audiology Program in 2002 where she interned at the Mayo Clinic. Marci enjoys running, spending time with her husband, and volunteering in their three children's classrooms.

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Patient Demographics

Patient Name: _____ DOB: _____
Parent/Guardian: (if applicable) _____
Mailing Address: _____
City: _____ State: KY Zip: _____
Preferred Phone: _____ ◯cell ◯home ◯work
Alternate Phone: _____ ◯cell ◯home ◯work
Email Address: _____

Emergency Contact: _____ Relationship to Patient: _____
Primary Care Physician: _____ Physician's Practice: _____

Health Insurance Policy Holder: _____ Policy Holder DOB:_____
Relationship to Patient: _____ Policy Holder SSN:_____

Acknowledgement of Privacy Practices

Please read and initial below:

_☐_ I certify that the information on this sheet is true and correct to the best of my knowledge. I give KY Hearing Clinic permission to evaluate me.

_☐_ I acknowledge that I have read a copy of KY Hearing Clinic, LLC Privacy Practices. KY Hearing Clinic, LLC offered me a copy of their Privacy Practices and I declined the offer.

_☐_ I give KY Hearing Clinic, LLC permission to contact me by telephone, email, and regular mail regarding appointment information, hearing health issues, hearing instruments, and technology. Occasionally, KY Hearing Clinic may contact me regarding marketing for the organization. I understand that I may opt out of communications for marketing at any time. I know that my personal information will not be shared with any other entity.

_☐_ I give KY Hearing Clinic, LLC permission to leave messages and/or discuss my hearing care products and/or services with the following people:

- _☐_ Answering Machine/Voice Mail
- _☐_ Spouse: _____
- _☐_ Adult Children: _____
- _☐_ Care Giver or Assisted Living Representative: _____
- _☐_ Other _____

_____ _____
Signature Date

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Case History

Patient Name: _____ DOB: _____ Date: _____

Reason for Visit: _____

Please check conditions that apply:

- ☐ **Previous hearing test** Results: _____
- ☐ **Family history of hearing loss**
- ☐ **History of noise exposure**
- ☐ **Difficulty hearing** ◯ Right ◯ Left ◯ Both ears ◯ Gradual ◯ Fluctuating ◯ Sudden
- ☐ **Pressure in the ears** ◯ Right ◯ Left ◯ Both ears
- ☐ **Earwax buildup** ◯ Right ◯ Left ◯ Both ears
- ☐ **Previous ear surgery** ◯ Right ◯ Left ◯ Both ears
- ☐ **Ear pain** ◯ Right ◯ Left ◯ Both ears
- ☐ **Ear drainage** ◯ Right ◯ Left ◯ Both ears
- ☐ **Tinnitus (ringing/roaring/buzzing)** ◯ Right ◯ Left ◯ Both ears Frequency: _____
- ☐ **Use of a hearing aid** ◯ Right ◯ Left ◯ Both ears How long: _____

Do you have trouble hearing in any of the following situations? (Check all that apply)

☐ **TV**	☐ **Family Members**	☐ **Meetings**	☐ **Work**
☐ **Worship**	☐ **Social Gatherings**	☐ **Phone**	☐ **Restaurants**

☐ **Other situations:** _____

Have you experienced any of the following major medical conditions? (Check all that apply)

☐ **Autoimmune Disorder**	☐ **Requirement of Blood Thinner**	☐ **Chemotherapy**	☐ **Diabetes**
☐ **History of Ear Infections**	☐ **Implantable devices**	☐ **Meningitis**	☐ **Dizziness**
☐ **Radiation (Head/Neck)**	☐ **Stroke or Head Injury**	☐ **Dementia**	☐ **Arthritis**

☐ **Other medical condition:** _____

How did you find out about our clinic? _____

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Medication List

Patient Name: _____ DOB: _____

Drug	Dosage	Frequency	Purpose

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Patient Financial Agreement

There will be charges for services provided. We participate with some insurance companies, as well as Medicare. If you have questions regarding your insurance coverage, please call the office prior to your appointment.

Insurance Claims: You as the patient are responsible for the cost of services provided regardless of insurance coverage. We will file medical claims to your insurance company one time as a courtesy. Therefore, it is necessary to present ALL current insurance cards at the time of your appointment. We must be notified immediately of any changes and please ensure all information is accurate and current. Your coverage is based on the contract between you and your insurance carrier. You must contact your health plan if you have not received notice of payment within 30-45 days of service. It is ultimately your responsibility to verify coverage for your insurance plan. If the insurance company denies the claim, you are responsible for the balance.

Patient Financial Responsibility: Your insurance may dictate that we collect co-payments, deductibles, and co-insurance, which is not subject to discounts or adjustments. Co-payment is due at the time of service at every appointment. We accept Visa, MasterCard, Discover Card, check, or cash. There is a $35.00 service charge for any returned check.

Referrals: Many insurance companies will not pay for services rendered by a specialist without a referral. It is the responsibility of the patient/parent/legal guardian to obtain needed referrals and updates required by the health plan. Failure to provide a current referral may result in rescheduling the appointment until one is obtained.

Minors: Patients under the age of 18 must be accompanied by a parent or court-appointed legal guardian for treatment. The accompanying parent or adult is responsible for payment.

Please read and initial below:

I have read and agree to the terms of the above policies and have received a copy of the Patient Financial Responsibility Acknowledgement.
KY Hearing Clinic may bill my insurance company for rendered services.
KY Hearing Clinic may collect payments from my insurance company for rendered services.

_____ _____
Signature Date

_____
Printed Name

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Medical Records Release Authorization Form | HIPAA

This form allows KY Hearing Clinic to communicate with another clinic or person(s) regarding your health information. Please complete the form below should the patient wish to authorize KY Hearing Clinic to receive or send the patient's health information to another entity.

I, _____ (DOB: _____), authorize the release of my audiology records from:

To be obtained from:
Practice Name: _____
Practice Address: _____

To be released to:
Practice Name: _____
Practice Address: _____

This authorization expires one year from the date signed. This authorization may be revoked in writing at my request.

_____ _____
Signature Date

Notice of Privacy Practices

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INTRODUCTION: We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs. At KY Hearing Clinic, LLC we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD: Each time you visit KY Hearing Clinic, LLC a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment, means of communication amongst the many health professionals who contribute to your health care, legal documents describing the care you received, means of by which you or a third party payer can verify that services billed were actually provided, tool in educating professionals, source of data for medical research, source of information for public health officials charged to improve the health of the state and nation, source of data for our planning and marketing, and tool by which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS: Although your health record is the physical property of KY Hearing Clinic, LLC the information belongs to you. You have the right to: • Obtain a paper copy of this notice of privacy policies upon request. • Inspect and obtain a copy of your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with state law). • Amend your health record as provided by 45CFR 164.526. • Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528. • Request confidential communication of your health information as provided by 45 CFR 164.522b. • Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522a (however, we are not required by law to agree to a requested restriction).

OUR RESPONSIBILITIES: Our practice is required to: • Maintain the privacy of your health information. • Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. • Abide by the terms of this notice. KY Hearing Clinic, LLC 2226 Holiday Manor Center #4 Louisville, KY 40222 p: 502.632.1460 f: 502.632.1458 www.kyhearingclinic.com • Notify you if we are unable to agree to a requested restriction. • Accommodate reasonable requests you may have to communicate your health information. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date in the top, right hand corner. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request. We will not use or disclose your health information in a manner other than described in the section regarding "Examples of Disclosures for Treatment" and "Payment and Health Operations" without your written authorization, which you may revoke as provided by 45 CFR 164.502b5, except to the extent that action has already been taken.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions and would like additional information, you may contact our practice's privacy officer, Katie Austin at (502)632-1460. If you believe your privacy rights have been violated, you can either file a complaint with KY Hearing Clinic, LLC or with the Office for Civil Rights, US Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR regional office for Kentucky is as follow: Office for Civil Rights US Department of Health and Human Services Atlanta Federal Center, Suite 16T70 61 Forsyth Street, SW Atlanta, GA 30303-8909

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS: We will use your health information for treatment. We may provide medical information about you to health care providers, our practice personnel, or third parties who are involved in the provision, management, or coordination of your care. For example, information obtained by a member of our health care team will be recorded in your record and used to determine the best course of treatment that should work best for you. Your medical information will be shared among health care professionals involved in your care. We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you. We will use your health information for payment. We may disclose your information so that we can collect or remake payment for the health care services you receive. For example, if you participate in a health insurance plan, we will disclose necessary information to that plan to obtain payment for your care. We will use your health information for regular health management. We will obtain your written permission before disclosing your personal information. We may disclose your health information for our routine administrative, financial, legal, and quality improvement activities that are necessary to run our practice and support the core functions of KY Hearing Clinic, LLC. For example, members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide and to reduce healthcare costs.

Appointment Reminders: We may disclose information to provide appointment reminders (e.g. contacting you at the phone number you have provided us and leaving a message as an appointment reminder).

Workers Compensation: We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Research: We may disclose information to researchers when their research has been approved and the researcher has obtained a required waiver from the Institutional Review Board/Privacy Board, who has reviewed the research proposal.