

HIPAA OMNIBUS ACT NOTICE OF PRIVACY PRACTICES: Effective Jan. 1, 2014

Keith D. Jorgensen, M.D. Professional Association and Professional Hearing Management

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.

This Notice of Privacy Practices is intended to describe how Keith D. Jorgensen, M.D. Professional Association and Professional Hearing Management may use and disclose your protected health information, your right to access and control your protected health information, our responsibilities with regards to your protected health information and to give examples of disclosures required by law. Protected Health Information (PHI) is created every time you visit our health care providers, and represents the record of your care. PHI may contain personal medical information, treatment information, demographic information and billing information, relating to your current, past and future medical care.

YOUR HEALTH INFORMATION RIGHTS. Although your health record is the physical property of the practice that compiled it, you have the right to:

- **Inspect and obtain a copy of your health record.** You or your personal representative have the right to inspect, review and receive a copy of your health record. We may deny your request in limited circumstances, with regards to psychotherapy notes or information compiled in reasonable anticipation of or for use in a civil, criminal or administrative proceeding. You may request any denial be reviewed. Requests to copy and review must be submitted in writing. A fee may be charged for copying, up to the maximum allowable by law.
- **Amend your health record.** If you feel the information contained in your health record is incomplete or incorrect, you may ask, via writing, to amend it. We reserve the right to deny your request, in which case you may file a statement of disagreement which will be placed in your record along with our written reason for not allowing the amendment. You will receive a copy of the written reason for denial.
- **Request restrictions to our disclosures.** You may request that we restrict or limit our disclosure of your health information. You may request that we restrict disclosures of your medical information to your insurance company or to someone who may be involved in your care or in payment for your care, provided the disclosure is not required by law. We do not have to agree to your request for restriction, but if we do so agree, we may not disclose your medical information in violation of your request unless it is needed to provide emergency treatment.
- **Request confidential communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location, within reason. Any such requests shall be submitted in writing to our Privacy Officer.
- **An accounting of disclosures.** You have the right to request an accounting of our disclosures of your medical information. The accounting provided will exclude disclosures made for treatment, payments or other health operations.

OUR RESPONSIBILITIES. Keith D. Jorgensen, M.D. Professional Association and Professional Hearing Management is required to maintain the privacy of your health information and to provide you with a description of our legal duties and privacy practices regarding your health information. We are required by law to abide by the terms of this Notice, which may be changed from time to

time. We will notify you of any changes made to this Notice, and copies of this Notice will be made available at our reception desk and on our website.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- For Treatment. We may use medical information about you to provide and coordinate your treatment. We may disclose medical information about you to other healthcare professionals such as physicians, nurses, medical students and technicians; to other healthcare facilities such as your local hospital, imaging centers, clinical laboratories and surgical centers; or to a physical therapy or home health agency to coordinate follow up care.
- For Payment. We may use and disclose medical information about you and your treatment to bill and collect from you, your insurance company or a third party payer. Examples may include contacting your insurance company with regard to referrals, verifications, and preapproval.
- For Health Care Operations. We may use or disclose your health information in order to support business activities which may include but are not limited to quality assessments, employee reviews, licensing, legal advice, accounting and information support. We may call your name in the waiting room. We may contact you to remind you of your appointment by telephone unless requested otherwise. We may contact you to inform you about treatment alternatives and services that may be of interest to you, as well as fundraising activities unless you opt out.
- Business Associates. Business associates provide services via contract to our business. We may disclose your health information to a business associate so they can perform the contracted services, which may include but are not limited to billing, collections, and technical support. Business associates are required by law to safeguard your health information as provided in our business associate agreement and service contract.
- Breach Notification. If there has been a breach of your health information, we are required by law to provide you notification of the breach. In addition, we may be required to meet further reporting requirements in accordance with state and federal agencies.

USE AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT. We will not use or disclose your health information without your written authorization except as described in this Notice, or as required by applicable law. In particular, without your authorization, we may not disclose: most psychotherapy notes; for marketing purposes; or genetic information that will be used for underwriting purposes.

- Revocation. Any authorization for disclosure which you give may be revoked at any time, at which point we will no longer use your health information for the reasons covered by your written authorization. However, we are unable to recover the disclosures which we may have already made while your authorization was valid.
- Individuals involved in your care or payment for your care. Unless you object after receiving notice, we may release medical information about you to a friend or family member who is involved in or who helps pay for your medical care. In addition, we may disclose information about you to an entity in a disaster relief effort so that your family can be notified about your condition, status and location.

USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT. We may use or disclose your health information in the following situations without your authorization or without providing you with an opportunity to object. These situations include:

- As required by law. We may use and disclose your health information to the following types of entities as required under state and federal law:
 - Food and Drug Administration
 - Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
 - Correctional Institutions
 - Workers Compensation Agents
 - Organ and Tissue Donation Organizations
 - Military and Naval Command Authorities
 - Health Oversight Agencies
 - Funeral Directors, Coroners and Medical Directors
 - National Security and Intelligence Agencies
 - Protective Services for the President and Others
 - Authority that receives reports on abuse and neglect
 - Secretary of the Department of Health and Human Services
- Emergency Situations. If you are not present, able to agree or object to the use or disclosure, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the information that is relevant to your health care will be disclosed.
- Law Enforcement or Legal Proceedings. We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.
- State Specific Requirements. Many states have reporting requirements which may include population based activities relating to improving health or reducing health care costs, cancer registries, birth defect registries and others.

FOR MORE INFORMATION OR TO REPORT A PROBLEM. If you have questions, or would like additional information please contact our Privacy Officer as listed below. If you believe your (or someone else's) privacy rights may have been violated, you may file a complaint with the Privacy Officer or with the Secretary of Health and Human Services at 1-800-368-1019. All complaints must be filed in writing within 180 days of when you know that the act or omission occurred. Your right to file a complaint is respected by Keith D. Jorgensen M.D. Professional Association and Professional Hearing Management and you will experience no adverse consequences by doing so.

Elizabeth Nickerson

Privacy Officer

603-432-8104