



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The effective date of this notice is April 14, 2005.  
This notice was updated on February 22, 2017.

Integrity Hearing Services, PS is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. It will remain in effect until we replace it. We care about our patients and strive to protect the confidentiality of your medical information at this practice. If you have any questions about this notice, please contact the Privacy Officer, JoEllyn Yeates.

**Who Will Follow This Notice:** Any health care professional authorized to enter information into your medical record, employees, staff and any personnel at this practice who may need access to your information must abide by this notice. All subsidiaries, business associates (i.e. Billing service) sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this notice except where treatment is involved; only the minimum necessary information needed to accomplish the task will be shared.

**How We My Use and Disclose Medical Information about You:**

The following categories describe different ways that we may use and disclose medial information without your specific consent or authorizations.

**Treatment:** We may use medical information about you to provide you with services (i.e. Hearing testing, earmold impressions, hearing aid repairs, etc.). This information may be used in sending in for new hearing aids or earmolds, sending hearing aids in for repair, and similar services.

**Communication:** We may communicate among other health care professionals. We may disclose your health information to notify or assist a family member, your personal representative or another person responsible for your care.

**Payment:** We may use and disclose medical information about you in order to obtain payment for services rendered.

**Required by Law:** As required by law, we may use and disclose your health care information. This may be to law enforcement officials, or in the course of any administrative or judicial proceeding.

**Health Oversight Activities:** We may disclose your health information to agencies during the course of audits, investigations, inspections, licensure, quality assurance and other proceedings.

**Worker's compensation:** We may disclose your health information as necessary to comply with worker's compensation laws.

**Contact to you:** We may contact you to provide appointment reminders or to give you information about other treatments or health related benefits and services that may be of interest to you.

**Change of ownership:** In the event that Integrity Hearing Services, PS is sold or merged with another organization, your health information/record will become the property of the new owner.

### **Your Health Information Rights:**

**Copy:** You have the right to receive a paper copy of this notice upon request.

**Inspect:** You have the right to inspect and copy your health care record.

**Amend:** You have the right to request that Integrity Hearing Services, PS amend your health information that is incorrect or incomplete.

**Accounting:** You have the right to obtain an accounting of disclosures of your health information.

**Revocation:** You have the right to revoke your authorization to use and disclose health information except to the extent that action has already been taken. We will discontinue using or disclosing your health information after we have received a written revocation of your authorization.

We reserve the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment.

### **Questions or Complaints:**

If you have questions or would like to file a complaint, please contact the Privacy Officer, JoEllyn Yeates at (253) 476-4327 V/TDD.

If you are not satisfied with the manner in which this office handles a complaint or if you feel as though your privacy rights have been violated, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Building  
200 Independence Ave, S.W. Room 509F  
Washington, DC 20201

Integrity Hearing Services, PS  
7525 Custer Road West  
Lakewood, WA 98499(253) 476-4327 V/TDD