



## NOTICE OF HIPAA 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.

At Ears in Bloom Audiology, we are committed to protecting the privacy of your health information. This Notice describes how we may use and disclose your protected health information (“PHI”) and your rights regarding that information.

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your health information, provide you with this Notice of our legal duties and privacy practices, notify you if a breach occurs that may have compromised your information, and follow the terms of the Notice currently in effect.

We may update this Notice at any time. Updated copies will be available in our office and on our website (if applicable).

### **How We May Use and Disclose Your Health Information**

**Treatment:** We may use or share your health information to provide, coordinate, or manage your healthcare. This includes communicating with your physician or ENT specialist, referring you to another healthcare provider, or reviewing audiograms or hearing evaluations, etc.

**Payment:** We may use or disclose your health information to bill and receive payment for services we provide. This includes submitting claims to insurance companies, verifying insurance eligibility, or collecting payment from you or your insurer.

**Healthcare Operations:** We may use your information for practice operations necessary to run our clinic. This includes quality improvement activities, staff training, licensing and accreditation activities, or audits and compliance reviews.

**Other Uses and Disclosures Allowed by Law:** We may share your information without your written authorization in certain circumstances, including public health activities (disease prevention, safety issues), health oversight activities (audits, inspections), legal proceedings in response to a court order, law enforcement purposes, workers’ compensation claims, or serious threats to health or safety.

**Uses and Disclosures Requiring Your Written Authorization:** We will obtain your written permission before sharing your information for external marketing purposes, or selling your health information. You may revoke your authorization at any time in writing.

**Additional Protections for Substance Use Disorder Records:** Some health information we may receive from you or other providers may relate to substance use disorder diagnosis, treatment, or referral for treatment. Federal law provides additional protections for these records under 42 C.F.R. Part 2. If we receive records protected by these regulations these records generally cannot be used or disclosed without your written consent, except as permitted by federal law, these protections may be more restrictive than the standard HIPAA privacy protections described in this notice. Federal law also restricts the use of these records in legal proceedings without your consent or a specific court order.

### **Your Rights Regarding Your Health Information**

You have the right to Get a Copy of Your Records

You may request a copy of your health records. We may charge a reasonable fee for copies in accordance with the State of Illinois Comptroller’s “Copying Fees Adjustments.”



**Request Corrections:** If you believe your information is incorrect or incomplete, you may request that we amend your records.

**Request Confidential Communications:** You may request that we contact you in a specific way (for example, calling only your cell phone).

**Request Restrictions:** You may ask us not to use or share certain information for treatment, payment, or operations. We are not always required to agree to these requests. However, if you pay for a service out of pocket in full, you may request that we not share that information with your health insurer.

**Get a List of Disclosures:** You may request an accounting of certain disclosures of your health information.

**Receive a Paper Copy of This Notice:** You may request a paper copy of this notice at any time.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

Contact: Alison Stich, AuD at [alison\\_stich@earsinbloom.com](mailto:alison_stich@earsinbloom.com) or by mail to 290 Springfield Dr, Suite 180, Bloomingdale, IL 60108

You may also file a complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights  
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

**Changes to This Notice:** We reserve the right to change this Notice at any time. Any changes will apply to all information we maintain.

**Updated notices will be available in our office and upon request.**