

Policies and Practices to Protect the Privacy of Your Health Information

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. ALBUQUERQUE HEARING and BALANCE WILL BE IDENTIFIED AS “AHB” THROUGHOUT THIS DOCUMENT.

I. Uses and Disclosures for Treatment, Payment, and Health Care Options

AHB may use or disclose your *Protected Health Information (PHI)*, for *treatment, payment and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions.

- “*PHI*” refers to information in your health record that could identify you.
- Treatment, Payment and Health Care Operations*
 - *Treatment* is when AHB provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when AHB consults with another health care provider, such as your family physician or another audiologist.
 - *Payment* is when AHB obtains reimbursement for your health care. Examples of payment are when AHB discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are business-related matters such as audits and administrative services, case management, and care coordination.
- “*Use*” applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of the clinic such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

AHB may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your **appropriate authorization is obtained**. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when AHB is asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI, at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) AHB has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

AHB may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse:** In certain circumstances, AHB is required to report child abuse in a variety of forms, including neglect, to (1) a local law enforcement agency; (2) the office of Department of Children, Youth and Family Services in the county where the child resides; or (3) tribal law enforcement or social services agencies for any Native American child residing on Native American land.

- Adult and Domestic Abuse:** If AHB has reasonable cause to believe that an incapacitated adult is being abused, neglected, or exploited, AHB must immediately report that information to the Department of Children, Youth and Family Services.
- Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and AHB may not release information without written authorization from you or your personal or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety:** AHB may disclose confidential information if necessary to protect against a substantial and imminent risk that you will inflict serious harm on yourself or another person. AHB has the duty to report this information to the appropriate people who would address such a risk (i.e., the police or the potential victim).

IV. Patient's Rights and Provider's Duties

Patient's Rights:

- Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of Protected Health Information about you. However, AHB is not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, if you do not want a family member to know AHB, is treating you upon your request, AHB will send your bills to another address.)
- Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in the chart and billing records used to make decisions about you for as long as the PHI is maintained in the record. AHB may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Another licensed health care professional, chosen by AHB, will conduct reviews.
- Right to Amend* – You have the right to request amendment of PHI for as long as the PHI is maintained in the record. AHB may deny your request.
- Right to an Accounting* – You have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). You must submit your request, in writing to AHB.
- Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from AHB upon request, even if you have agreed to receive the notice electronically.

Albuquerque Hearing and Balance Duties:

- AHB is required by law to maintain the privacy of PHI and to provide you with notice of AHB legal duties and privacy practices with respect to PHI.

Written Complaint Policy:

Any complaints about this practice or your care should be submitted in writing to: Albuquerque Hearing and Balance, 10700 Corrales Rd, Suite I, Albuquerque, NM 87114. *You have the right to file a complaint with AHB if you feel AHB has not complied with the Privacy Policies. Your complaint can also be directed in writing to the U.S. Department of Health and Human Services.*