

# NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Review it carefully.**

The law requires that Hearing Speech + Deaf Center (“HSDC”) protects the privacy of your personal medical information. It also requires us to give you this notice so you know how we may use and share (“disclose”) the personal medical information we have about you.

**We must provide your information to:**

- You, someone you name (“designate”), or someone who has the legal right to act for you (your “personal representative”)
- The Secretary of the Department of Health and Human Services (HHS), if necessary
- Anyone else that the law requires to have it

**We have the right to use and provide your information to pay for your health care. For example:**

- We will use and disclose your information to your health care insurer to certify that you are eligible for benefits and to pay or deny your claims.
- We may use your information to provide you with customer services, resolve complaints you have, contact you about research studies and make sure you get quality care.

**We may use or share your information under these limited circumstances:**

- To State and other Federal agencies that have the legal right to get Medicare data (i.e. to make sure Medicare is making proper payments and to help Federal/State Medicaid programs)
- For public health activities (e.g. reporting disease outbreaks)
- For government health care oversight activities (e.g. investigating fraud and abuse)
- For judicial and administrative proceedings (e.g. responding to a court order)
- For law enforcement purposes (e.g. providing limited information to find a missing person)
- For research studies that meet all privacy law requirements (e.g. research to prevent a disease or disability)
- To avoid a serious and imminent threat to health or safety
- To contact you about new or changed Medicare benefits
- To create a collection of information that no one can trace to you
- To practitioners and their contractors for care coordination and quality improvement purposes, like Accountable Care Organizations (ACOs)

We must have your written permission (an "authorization") to use or share your information for any purpose that isn't set out in this notice. We don't sell, use or share your information to tell you about health products or services ("marketing"). You may take back ("revoke") your written permission at any time, unless we've already shared information because you gave us permission.

## **You have the right to:**

- See and get a copy of the information we have about you (see below).
- Ask us to change your information if you think it's wrong or incomplete and we agree. If we disagree, you may have a statement of your disagreement added to your information.
- Supply a list of people who can receive your information from us. The list won't include information that we gave to you, your personal representative or law enforcement to pay for your care or for our operations.
- Ask us to communicate with you in a different manner or at a different place (e.g. by sending materials to a PO Box instead of your home address).
- Ask us to limit how we use your information and how we give it out to pay claims and process Medicare. We may not be able to agree to your request.
- Receive a letter that tells you about the likely risk to the privacy of your information ("breach notification").
- Receive a separate paper copy of this notice.
  - Please make your request in writing to:
    - Compliance Officer  
Hearing Speech + Deaf Center  
2825 Burnet Ave., Suite 330  
Cincinnati, Ohio 45219  
(513) 221-0527
- To speak to with our Compliance Officer regarding our privacy notice or to file a complaint, call (513) 221-0527.

## **If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal, privacy complaint to:**

- The Centers for Medicare & Medicaid Services (CMS). Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227)
- The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).  
DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201  
Or visit [www.hhs.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint)

Filing a complaint won't affect your coverage or treatment.

## **Changes to this Notice of Privacy Practices:**

The Hearing Speech + Deaf Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, HSDC is required by law to comply with this Notice.