

**PATIENT PRIVACY FORM**

414 S. Keystone Avenue

Sayre, PA 18840

377 York Avenue

Towanda, PA 18848

**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.**

**Vail Hearing Healthcare** is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

**DISCLOSURE OF YOUR HEALTH CARE INFORMATION**

**TREATMENT-**We may disclose your health information to other health care professionals within our practice for the purpose of treatment, payment or health care operations.

**PAYMENT -**We may disclose your health information to your insurance provider for the purpose of payment or health care options.

**WORKER’S COMPENSATION-**We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

**EMERGENCIES-**We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

**PUBLIC HEALTH-**As required by law, we may disclose your health information to the public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reaction to medications, and reporting disease or infection exposure.

**JUDICIAL AND ADMINISTATIVE PROCEEDINGS-**We may disclose your health information in the course of any administrative or judicial proceeding.

**LAW ENFORCEMENT-**We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**DECEASED PERSONS-**We may disclose your health information to coroners or medical examiners.

**ORGAN DONATION-**We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

**RESEARCH**-We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

**PUBLIC SAFETY**-It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen serious and imminent threats to the health or safety of a person or to the general public.

**SPECIALIZED GOVERNMENT AGENCIES**-We may disclose your health information for military, national security, prisoner and government benefits purposes.

**MARKETING** - We may contact you for marketing purposes.

**CHANGE OF OWNERSHIP**- If Vail Hearing Healthcare is sold or merged with another organization, your health information/record will become the property of the new owner.

**YOUR HEALTH INFORMATION RIGHTS**

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Vail Hearing Healthcare is not required to agree to the restriction you requested.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information.

You have the right to request that Vail Hearing Healthcare amend your protected health information. Please be advised, however, that VHH is not required to agree to amend your protected health information. If you request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting disclosure of your protected health information made by Vail Hearing Healthcare.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**CHANGES TO THIS NOTICE OF PRIVACY PRACTICE**

Vail Hearing Healthcare 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 amendments made, VHH iis required to by law to comply with this Notice.

Vail Hearing Healthcare is required by law to maintain the privacy of your health information and provide you with notice of its legal duties and privacy practices wit respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Vail Hearing Healthcare by calling this office (570-265-0997/570-731-7000). If VHH is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

COMPLAINTS

Complaints about your privacy rights or how Vail Hearing Healthcare has handled your health information should be directed to Vail Hearing Healthcare by calling this office at 570-265-0997/570-731-7000. If VHH is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days. If you are not satisfied with the way this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights

200 Independence Avenue, S.W,

Room 590F HHH Building

Washington, DC 20201

This notice is effective as of today’s date listed

**I have read the Privacy Notice and understand my rights contained in the notice. By way of Signature, I provide Vail Hearing Healthcare (aka Christina Vail Audiology) my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment, and health care operations as described in the Privacy Notice**

**Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**