



**HEALTH INSURANCE PORTABILITY, FINANCIAL ACCOUNTABILITY, CONSENT FOR TREATMENT
ACKNOWLEDGEMENT**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT ME MAY BE USED AND DISCLOSED AND
HOW I CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

I. Garden State Hearing & Balance Center (GSHB) is required by law to protect the privacy of my health information often referred to as protected health information or "PHI" which may include individually identifiable information that relates to my past/present/future physical or mental health condition and provision of health care and/or past/present/future payment for health care.

Upon request, GSHB will provide me with a copy of this notice describing the privacy practices and legal duties and to explain how, when, and why GSHB may use or disclose my protected health information.

II. HOW GSHB MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following categories describe different ways that GSHB may use or disclose medical information about me. For each category, we have provided useful examples:

- **Treatment** means the provision, coordination, or management of my health care, including consultations between doctors, nurses, and other providers, regarding my care and referrals for care from one provider to another. For example, my ENT doctor may disclose my protected health information to the Audiologist if he/she is concerned that I have an auditory problem.
- **Payment** means the activities GSHB carry out to bill and collect for the treatment and services provided to me. For example, GSHB may provide information to my insurance company about my medical condition to determine my current eligibility and benefits. We may also provide PHI to outside billing companies and others that process health care claims.
- **Health Care Operations** means the support functions that help operate GSHB such as quality improvement studies, case management, responding to patient concerns, and other important activities. For example, GSHB may use my PHI to evaluate the performance of the staff that cared for me or to determine if additional services are needed.

III. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to using and disclosing my protected health information for treatment, payment, and health care operations, GSHB may also use my information in the following ways:

- **Appointment Reminders and Health-Related Benefits or Services.** GSHB may use PHI to contact me for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit me. This may include receiving emails, text messages, and phone calls regarding services from GSHB and affiliates.
- **Disclosures to Family, Friends, and Others.** GSHB may disclose my PHI to family, friends, and others permitted and identified by me as involved in my care or the payment of my care. GSHB may use or disclose PHI about me to notify others of my general condition. GSHB may also allow friends and family to pick-up goods related to my hearing health when determined that it is in my best interest to do so. If I am available, they will give me the opportunity to object to these disclosures.
- **To Avoid Harm.** As permitted by law and ethical conduct, GSHB may use or disclose protected health information if they, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- **Fundraising & Marketing Activities.** GSHB may contact me as part of any fundraising or marketing activities as permitted by law.
- **Research Purposes.** In certain circumstances, GSHB may use and disclose PHI to conduct medical research. Certain research projects require an authorization which will be made available to me prior to using my PHI.
- **Law Suits & Disputes.** If I am involved in a lawsuit or dispute, GSHB may disclose health information about me in response to a court or administrative order. They may also disclose health information in response to a subpoena, discovery request, or other process by others involved in the dispute. GSHB will only disclose information with assurance that efforts were made to inform me about the request or to obtain an order protecting the information requested.
- **Required by Law Enforcement.** GSHB may release health information about me if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons, or similar process. They also may disclose information to identify or locate a suspect, fugitive, material witness, or missing person. In addition, they may disclose information about a crime victim or about a death they believe may be the result of criminal conduct. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or the identity/description/location of the person who committed the crime.

- **Incidental Disclosures.** GSHB may make incidental uses and disclosures of my protected health information. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented. Having my name called aloud by a staff member in the waiting room is an example of an incidental disclosure.
- **Disaster Relief.** When permitted by law, GSHB may coordinate their uses and disclosures of protected health information with other organizations authorized by law or charter to assist in disaster relief efforts. For example, a disclosure to the Red Cross or a similar organization.

IV. SPECIAL SITUATIONS

- **Military personnel.** If I am a member of the armed forces, GSHB may release PHI about me as required by military authorities. They may also release health information about foreign military personnel to appropriate foreign military authorities.
- **Worker’s compensation.** GSHB may disclose health information about my work-related illness or injury to comply with worker’s compensation laws.
- **National Security.** GSHB may disclose PHI to authorized officials for national security purposes such as protecting the President of the United States or other persons, or conducting intelligence operations.
- **Inmates.** If I am an inmate of a correctional institution or under the custody of law enforcement, GSHB may release PHI about me to the correction facility or law enforcement officials. This would be necessary for the institution to provide me with health care; to protect my health and safety and the health and safety of others; or for the safety and security of the correctional institution.
- **Other Uses of My Health Information.** I have the right to revoke the authorization at any time; provided the revocation is in writing except if GSHB has already taken action in reliance of my authorization.

V. MY RIGHTS

I have the following rights with respect to my protected health information:

Right to Request Limits on Uses and Disclosures of your PHI. I have the right to request restrictions to how GSHB uses and discloses my PHI. My request must be in writing, and given to GSHB.

Right to Request Confidential Communications. I have the right to request confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to my work address rather than to my home address, or asking that GSHB contacts me by mail rather than telephone. To request confidential communications, I must specify these instructions in writing. I must specify where and how I wish to be contacted. GSHB will accommodate all reasonable requests.

Right to Inspect and Obtain Copies of my Protected Health Information. I have the right to inspect and obtain copies of protected health information used to make decisions about my care, subject to applicable law. If I request copies of my health information, GSHB may charge a fee for copying, postage, and other supplies associated with my request.

Right to Amend my Protected Health Information. If I believe that the protected health information GSHB has about me is incorrect or incomplete, I may request that they amend the information. To request an amendment, I must make this request in writing to GSHB, and specify a reason that supports my request. I am aware that GSHB may deny this request for an amendment subject to applicable law.

The Right to Obtain a List of Disclosures. I have the right to request an “accounting of disclosures” of my protected health information.

COMPLAINTS

If I believe my privacy rights have been violated, I may file a complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

VI. FINANCIAL RESPONSIBILITY

I acknowledge and agree to the terms and conditions of this agreement and understand that by signing this document that I am consenting to be treated by GSHB. I understand that this is a binding agreement and I am responsible to pay for the services I receive at GSHB, even in the event my insurance coverage does not cover the services. I understand that GSHB rates do represent the Usual and Customary Rates (UCR) for my geographical location which may be higher than my insurance company’s UCR.

SIGNATURES:

Name of Patient (Print) _____

Name of Patient Representative (Print) _____

Relationship of Patient Representative to Patient _____

Patient/ Representative Signature _____ Date _____

Witness to Signature _____ Date _____