

Mid America Audiology Group, Ltd.

1417 Washington, Suite 2

Alton, IL 62002

Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice is provided to you as a patient of this practice to explain how you may access your individually identifiable health information, as well as how we will protect your medical records.

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you.

Mid America Audiology Group, Ltd. (MAAG) is required to:

Maintain the privacy of your health information, provide you with this notice as to legal duties and privacy practices with respect to information collected and maintained about you, conform to the terms of this notice, notify you in the event that a requested restriction cannot be honored, and accommodate reasonable requests that you may have to communicate health information by alternative means or locations.

(MAAG) will not use or disclose your health information without your authorization, except as described in this notice. Discontinuation of use or disclosure of your health information will occur upon receipt of written revocation of the authorization according to the procedures outlined in this notice.

The following categories describe the different ways in which we may use and disclose your IIHI:

1. **Treatment.** We will use and disclose your IIHI to provide, coordinate, or manage your health care and any related services. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may disclose your IIHI to other health care providers to purposes related to your treatment.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may use and disclose your IIHI to obtain payment from third

parties that may be responsible for costs, such as family members. We may disclose your IHHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your IHHI to operate our business, for example, in evaluating the quality of care you received from us or in conducting cost-management and business planning activities for our practice.
4. Appointment Reminders. Our practice may use and disclose your IHHI to contact you to remind you of an appointment.
5. Treatment Options. Our practice may use and disclose your IHHI to inform you of potential treatment options or alternatives.
6. Health-Related Benefits and Services. Our practice may use and disclose your IHHI to inform you of health-related benefits or services that may be of interest to you.
7. Release of Information to Family/Friends. Our practice may release your IHHI to a friend or family member that is involved in your care, or who assists in taking care of you.
8. Disclosures Required By Law. Our practice will use and disclose your IHHI when we are required to do so by federal, state, or local law.

Use and Disclosure of Your IHHI in Certain Special Circumstances:

The following categories describe unique scenarios in which we may use or disclose your IHHI.

1. Public health risks. Our practice may disclose your IHHI to public health officials that are authorized by law to collect information for the purpose of:
 - Maintaining vital records such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding potential risk for spreading/contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product they may be using has been recalled
 - Reporting the potential abuse or neglect of an adult patient

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may use and disclose your IIHI to a health oversight agency for activities authorized by law, such as investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system.

3. Lawsuits and similar proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding.

4. Law enforcement. We may release IIHI if asked to do so by a law enforcement official.

5. Serious threats to health or safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

6. Military. Our practice may disclose your IIHI if you are a member of a U.S. or foreign military forces (including Veterans) and if required by the appropriate authorities.

7. National security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law.

8. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Your Rights Regarding Your IIHI:

1. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location.
2. You have the right to request a restriction in our use or disclosure of your IIHI. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. This request must be submitted in writing.
3. You have the right to review and request a copy of the information used to plan and carry out your treatment, including patient medical records and billing records. Our practice may charge a fee for the costs of copying, mailing, and labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.
4. You have the right to request a list of the agencies/authorities/providers/etc. that have received your records.
5. You have the right to receive a paper copy of this notice.

6. You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.