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Notice of Privacy Practices

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Mountain Care Hearing Center is dedicated to protecting the privacy of your health information. We are in addition, required by law to maintain the confidentiality of your health information

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by law enforcement officials.
4. When necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. We will make disclosure only to a person or organization able to help prevent the threat.
5. If you are a member of the U.S. military forces (including veterans) and if required by the appropriate authorities.
6. For workers' compensation and similar programs
7. In the event you order amplification and similar accessories, or have amplification serviced, applicable information from your protected health information for your order will be disclosed to the manufacturer in order to bring your order or service to successful completion.
8. Any and/or all information may be provided to someone other than yourself, when directed by you or your power of attorney, as directed by you or your power of attorney, in writing.
9. Your name and address may be used for appointment card notices to you, letters to you, and special notices to you.

You have the right to: inspect and copy your protected information, request to receive confidential communications from us by alternative means or at an alternative location; have your Health Care Provider amend your protected health information; receive an accounting of certain disclosures we have made of your PHI; obtain a paper copy of this notice from us.

We are required by law to: maintain the privacy of your PHI and provide you a copy of this notice; abide by this notice; and reserve the right to amend this notice at any time, making the provisions applicable to your PHI, posting the revision in our office and provide you a copy to be picked up upon request.

You may make complaints to the Secretary of the Department of Health and Human Services. To file a complaint please contact us for instructions.

Signed _____

Print Name _____

Date _____ I would like to receive any amended Notice of Privacy... Yes/No (Circle One)