

## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and also how you can get access to this information. Please review it carefully.

**All patients have the right to know that their personal health information remains confidential.** The privacy rights and practices of Daniel Island Hearing Center were established to protect the healthcare information of our patients, as required by Section 164.520 of the Health Insurance Portability and Accountability Act of 1966. These guidelines restrict the release of your medical information for the purpose of treatment, payment, and healthcare operations. **Although many will not apply to you, the following are examples of agencies or facilities to which your personal health information may be released in the course of your treatment:**

- Health Insurance Providers
- Pharmacies
- Laboratory Testing Facilities
- Hospitals
- Physician Consults
- Surgical Facilities
- Physical Therapies
- Physician Intern Training

### Other uses or disclosures permitted or required by law:

- Public Health Activities
- Health Inspection agencies
- Law Enforcement Purposes
- Workers' Compensation
- Judicial Proceedings
- Reporting Abuse, Neglect, or Domestic Violence
- Disclosures about Descendants (Coroner/Funeral Director)
- Avert Serious Threat to Public Health or Safety
- Specialized Government Functions (Military or Veterans' Activities)

**The release of healthcare information to any other source is prohibited without the written authorization of the patient or guardian. As a patient or guardian you have the right to:**

- Request Restrictions on Certain Uses and Disclosures of Your Healthcare Information
- Inspect and Request Changes to Your Medical Records
- Obtain a Copy of Your Medical Record (Fee Charged for Copies)
- Be Informed of Any Disclosures of Your Records that Have Been Made
- Receive Confidential Communications
- Ask Questions about the Privacy Policy
- File a Complaint with Daniel Island Hearing Center or to The Secretary of Health and Human Services Without Fear of Any Reprisals, if You Believe that Your Privacy Rights Have Been Violated.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**By checking this box and signing below, I acknowledge that I received a copy of Daniel Island Hearing Center's Notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be posted in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available.**

**PATIENT'S NAME (PLEASE PRINT)** \_\_\_\_\_

**PATIENT'S AUTHORIZATION SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_