



California Hearing Center Notice of Privacy Practices

To our valued patients: 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 Regulation created as a result of the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA.

Our commitment to your privacy:

- Our practices are dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances.

The following circumstance may require us to use and disclose your 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 court or administrative order
3. If required to do so by a law enforcement official.
4. 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. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.

Your rights regarding your health information.

1. You can request that our office communicated with you about your health in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use of disclosure of your hearing health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your hearing health information to only certain individuals involved in your care, such as family members or friends. 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.
3. You have the right to inspect and obtain a copy of your hearing health information that may be used to make decisions about you, including patient audiograms, hearing aid information and billing records, but not including patient notes. You must submit your request in writing at the address listed at the end of this document.
4. You may ask us to amend your hearing health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing at the address listed at the end of this document. You must provide us with a reason that supports your request for amendment.
5. You are entitled to receive a copy of this notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact our front office staff.
6. If you believe your privacy rights have been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. To file a complaint with our office, you may write to the address listed at the end of this document. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide authorization for other uses and disclosures. Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information policies, please contact:

Department of Health and Human Services
100 Independence Ave, SW
Washington, DC 20201

California Hearing Center
1700 Westwood Blvd, Fl 1
Los Angeles, CA 90024

I hereby acknowledge that I have been presented with a copy of Valley Hearing Center Notice of Private Practices

Signature: _____

Print Name: _____

Date: ____ / ____ / ____