

## **MOSA Audiology**

5333 McAuley Drive, Reichert Health Building, Suite 2016, Ypsilanti, MI 48197  
(734) 793-2973

### **Patient Privacy**

Privacy Officer: Rick Hughes

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

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities. You may:

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. A reasonable fee may apply.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. If we say “no” to your request, we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, whom we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free; there will be a reasonable administrative charge for additional copies within the following 12-month period.

### **Receive a copy of this privacy notice**

- You may ask for and receive a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will need certified documentation to make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights have been violated**

- If you feel your rights have been violated, you can complain by contacting the Privacy Officer indicated on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We recognize your right to file any such complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information, tell us what you want us to do, and we will follow your instructions. Except in emergency situations, you have both the right and choice to tell us to:

- Share information only with specific individuals you designate in your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

We will ask you to fill out the detailed MOSA Sharing Patient Information form to provide the names of individuals you are comfortable knowing your health information. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Unless you give us written permission, we never share your information in the cases indicated immediately below

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- We will never share any substance abuse treatment records without your written permission.

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

### **How else can we use or share your health information?**

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

#### **Sharing treatment information**

- We can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for an injury can ask another doctor about your overall health condition.

#### **Running our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. We do not create or manage a hospital directory that contains protected health information. Primarily, we use health information about you to manage your treatment and services.

#### **Billing for provided services**

- This is an administrative necessity. For example, we give information about you to your health insurance plan so it will pay for your services.

#### **Helping with public health and safety issues.**

- We can share health information about you in certain situations, such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

### **Doing research**

- We can use or share your information for health research.

### **Complying with the law**

- We will share information about you if state or federal laws require it, including sharing information with the Department of Health and Human Services to demonstrate compliance with applicable with federal privacy law.

### **Responding to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

### **Working with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address Workers' Compensation cases, law enforcement, and other government requests**

- We can use or share health information about you for Workers' Compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

### **Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and let us know in writing that you have changed your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

- The Effective Date of this Notice is June 1, 2017.
- The Privacy Officer is the Practice Administrator, Rick Hughes, (734) 793-2973 or [rhuges@mosaent.com](mailto:rhuges@mosaent.com).
- This notice applies to MOSA Audiology, and all of its locations in Michigan.

Ann Arbor/Ypsilanti office  
5333 McAuley Drive, Reichert Health Building, Suite 2016  
Ypsilanti, MI 48197

Brighton Office  
2305 Genoa Business Park Suite 160  
Brighton, MI 48114

Canton Office  
1600S. Canton Center Rd. Suite 340 Canton, MI 48188

Chelsea Office  
14650 Old US 12 East Suite 304 Chelsea, MI 48118

Saline Office  
1020 E. Michigan Ave. Suite I Saline, MI 48176