CODY AUDIOLOGY CLINIC
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HIPAA – NOTICE OF PRIVACY PRACTICES (Effective January 2014)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Cody Audiology Clinic is committed to protecting the privacy and confidentiality of your health information. The Health Insurance Portability and Accountability Act (HIPAA) and its regulations require us to maintain the privacy of certain information about you called "protected health information" and to provide you with this notice of our legal duties and privacy practices. We reserve the right to make changes to this notice and to make such changes effective for all information we may already have about our patients. If this notice is changed, we will provide you with a copy of the revised notice upon your request. We may not disclose your health information except as described in this notice of privacy practices and as permitted by applicable law and regulations. We will not disclose health information that identifies you without your handwritten authorization, except as permitted by law or regulation, such as communicating with your treating or referring physician or other health care provider.

Your health information rights:
You have the right to request certain restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.

Right to request confidential communications:
You have the right to request to receive your health information in a specific way or at a specific location. To access your health information, you must submit a written request detailing what information you want to access and whether you want to inspect it or to get a copy of it, but you need not provide an explanation as to the basis for the request. We will charge a reasonable fee, as allowed by Wyoming law. We may deny your request under limited circumstances.

Right to amend or supplement:
You have the right to request that we amend your health information that you believe to be inaccurate or incomplete. You must make the request in writing and include the reasons you believe that information is inaccurate or incomplete. We are not required to change your health information and if we deny a requested change, we will provide a written explanation for the denial. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incorrect or incomplete.

Right to accounting of disclosures:
You have the right to receive an accounting of certain disclosures of your protected health information made by this practice. To receive an accounting, you must submit a request in writing. The first accounting you request within a twelve (12) month period will be free. For additional lists, you may be charged for the costs of providing the accounting. You have the right to a paper copy of this notice of privacy practices. We reserve the right to amend this notice of privacy practices at any time. You have the right to file a complaint to this practice or the United States Department of Health and Human Services (HHS) if you believe your privacy rights have been violated. If you would like to file a complaint, please contact our clinic at 307.578.2976 a complaint with the Secretary of HHS. You will not be penalized or retaliated against for filing a complaint.

If you have any questions or concerns regarding this notice or the privacy of your protected health information, please contact our clinic at 307.578.2976.

ACKNOWLEDGEMENT

I acknowledge that I have read a copy of the Notice of Privacy Practices from Cody Audiology Clinic. I, {{patientNameCombined}}, agree and understand that my electronic signature is the legal equivalent of my handwritten signature.

_____ _____

Patient Signature Date