



Peter Fan, Au.D.  
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## Advanced Audiology Care Privacy Notice

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical and dental records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. Advanced Audiology Care, Inc. referred to as Advanced Audiology Care is required by law to maintain the privacy of your health information and to provide you with its Privacy Notice with respect to your health information. Health information collected from you is stored in a physical chart and electronically on a computer. If you have any questions regarding this Privacy Notice, please contact Peter Fan, Au.D, CCC-A, at 848 231 6637 or email at [admin@advancedaudiologycare.com](mailto:admin@advancedaudiologycare.com)

### **The following categories describe different ways that we may use and disclose Health Information.**

**For Treatment.** We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, if you are being treated by another provider or primary care physician we may discuss your case in order to coordinate care between us. Matters discussed would include information about your hearing evaluation results, diagnosis, hearing aids, etc.

**For Payment.** If you have health insurance coverage, we may need to give your health plan information about procedures you received at Advanced Audiology Care so your health plan will pay us or reimburse you for them. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** For quality assurance purposes, your protected health information may be inspected by people who conduct quality assurance reviews to ensure that high standards of care are being maintained. We may also use Health Information to review the treatment and services you receive to check on the performance of our staff in caring for you.

**Appointment Reminders/Treatment Alternatives/Marketing.** We may disclose Protected Health Information to contact you to remind you that you have an appointment for treatment or medical care, or to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release Protected Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. Family members may be notified of your location or general condition.

**As Required by Law.** We will disclose medical information about you when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** Protected Health Information may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Information disclosed, however, will be to someone who may be able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ or tissue donor, we may release Protected Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**Research.** We may disclose your health information to researchers approved by an Institutional Review Board or Advanced Audiology Care Privacy Board.

**Military and Veterans.** If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** In order to prevent or lessen a serious or imminent threat to public safety Advanced Audiology Care may disclose your protected health information to appropriate persons or agencies such as the Food and Drug Administration (FDA).

**Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, Protected Health Information may be disclosed in response to a court order, administrative order, subpoena, etc.

**Law Enforcement.** We may release Protected Health Information if asked by a law enforcement official for reasons such as: responding to a court order, subpoena, warrant, summons or similar process.

**National Security and Intelligence Activities and Protective Services.** We may release Protected Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Deceased patient information.** We may release Protected Health Information to a coroner, medical examiner or funeral director, etc.

**Inmates.** Inmates of a correctional institution or under the custody of a law enforcement official, may have to have their Protected Health Information released to the correctional institution or law enforcement official as required.

**Change of Ownership.** In the event that Advanced Audiology Care is sold, or there is a change in ownership for any reason, or merges with another organization, your protected health information will become the property of the new owner/organization.

**Other Uses of Health Information.** Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. In the event that you authorize Advanced Audiology Care to disclose your health information for another purpose you may rescind your authorization in writing at any time, unless otherwise specified in your written authorization.

**You have the following rights, subject to certain limitations, regarding Health Information we maintain about you:**

**Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care

**Right to Request Amendments.** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information and you must tell us the reason for your request. You have the right to request an amendment for as long as the information is kept by Advanced Audiology Care. A request for amendments must be submitted, in writing, to Peter Fan, Au.D., CCC-A at the address provided at the end of this notice. We may deny your request for an amendment in limited circumstances. If we deny your request, you may have a statement of disagreement added to your Health Information.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” of Protected Health Information. This is a list of certain disclosures we made of Health Information in the six years prior to your request. We are not required to account for certain disclosures including disclosures for treatment, payment or health care operations or disclosures to you or pursuant to your authorization.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request.

**Right to Be Notified of a Breach.** You have the right to be notified if a breach occurs that compromises the privacy of your protected health information.

**Right to Restrict Certain Disclosures to your Health Plan.** You have the right to request that we not disclose Protected Health Information to your health plan if that information relates to health care items or services for which you have paid in full, out of pocket, at the time that the service is provided. You must notify Advanced Audiology Care of your request to not provide Health Information about the service to your health insurance plan. Unless required by law to disclose such information to your health plan, Advanced Audiology Care will agree to your request.

**Right to Request Confidential Communications.** You have the right to request that communications with you about medical matters are made in a certain way or at a certain location such as by mail or at work. Provided your request specifies how or where you would like to be contacted, Advanced Audiology Care will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time.

**Changes to This Notice.** We reserve the right to change this Notice. We Reserve the right to make the revised or changed Notice effective for Health Information we already have as well as any information we receive in the future. The end of this Notice will display the Notice’s effective date.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with Advanced Audiology Care or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Advanced Audiology Care, contact Peter Fan, Au.D., CCC-A at the address listed at the end of this notice. You will not be penalized for filing a complaint.

Contact information:

**Peter Fan, Au.D., CCC-A, Audiologist/Owner**  
**Advanced Audiology Care, 867 St. Georges Ave #3, Rahway, NJ, 07065**  
**Phone: 848 231 6637 Email: [admin@advancedaudiologycare.com](mailto:admin@advancedaudiologycare.com)**

**This Notice is effective as of 03/01/2020**