Wasatch Auditory Processing

HIPPA

Notice of Privacy Practices

As required by the Privacy Regulation Created as a result of the Health Insurance Portability and Accountability act of 1996. This notice describes how health information about you or your child as a patient of this practice may be used and disclosed, and how you can access your private health records.

We understand the importance of protecting your personal medical and health information. This office follows all of the HIPPA and state laws to maintain the confidentiality of your health information.

Our office is required by law to:

* Maintain the privacy of your health information.
* Provide this notice that describes the ways we may use and share your health information.
* Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. This notice will be posted in the office and you may also obtain a copy from the Privacy Office.

Sharing your health information:

There are several situations where the office is permitted or required by law to disclose health information without your signed authorization. These situations are:

* Maintaining vital records, such as births and deaths
* Reporting child abuse or neglect
* Preventing or controlling disease, injury or disability
* Notifying a person regarding a potential risk of spreading or contracting a disease or condition
* Reporting reactions to drugs or problems with products or devices
* Notifying patients if a product or device has been recalled
* Notifying your employer under limited circumstances related primarily to workplace injury or illness

All other uses and disclosures not described in this notice require your signed authorization. You may revoke your authorization any time with a written statement.

Your rights under the federal privacy standard are as follows:

* Obtain a paper copy of this notice
* Inspect and obtain a copy of your health records upon written consent (there may be a charge for records)
* Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully, but we are not required to agree to any restrictions.

Each time you visit our office, we will make a record of the visit, which will include your health history and current and past problem list. This information is used for your treatment and for future care with providers not only in our office but your PCP. It may also be provided to your health care providers to help them treat you once we are no longer treating you. The medical record is also used to verify that services billed were actually provided. Information may be sent to a third party payer as a required part of the billing procedure. This may include identifying information, your diagnosis, as well as treatment and/or supplies provided. It is a legal document describing your care. These business associates must also follow the same strict privacy practices. It may also be used as a tool in educating health professionals as well as a tool to assess and improve the quality of your health care and the outcomes achieved. Your health information may be helpful to us in recommending alternative treatments, potentially beneficial services, and as an optional choice for you, to assist your family or other caregivers involved in your care or payment for that care.

I hereby acknowledge I have received all of the HIPPA requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and date