PATIENT GUIDE

Accent on Hearing wants you to be aware of the Federal Government rules and regulations that are in place to protect your health information. Accent on Hearing is committed to helping you understand these rules and regulation so that we can most effectively treat you.

Accent on Hearing provides documents that tell you how information that may identify you and that relates to your audiological/health care will be used. Some of these documents must be signed by you to show you received and understand them and to enable the highest level of care by Accent on Hearing.

This pamphlet provides an overview of the documents you will receive from Accent on Hearing.

Notice of Privacy Practices

The Notice of Privacy Practices is a lengthy document that goes into detail to fully inform you about how your health information is used. In a nutshell, the Notice of Privacy Practices covers the following topics:

- How Accent on Hearing manages and protects your health information.
- How you can restrict certain uses and disclosures of your protected health information
- Your rights in requesting information about your protected health information; and
- Contact information if you have any questions or concerns regarding your protected health information.
- Accent on Hearing requests that you sign an acknowledgement that you received the Notice of Privacy Practices.

Authorization to Use and Disclosure

To assist Accent on Hearing in providing the best care possible and to communicate with those close to you and other health professionals that may be treating you, Accent on Hearing provides you a form to let us know who we can share your health information with.

Marketing Authorization

The marketing authorization form authorizes Accent on Hearing to contact you with various product and/or treatment options related to your audiological/health care. Accent on Hearing may receive compensation for these communications. The authorization form gives you the option of either:

- Authorizing all marketing communications.
- Requiring authorization for any one marketing communication.
- Prohibiting any marketing communication.

Questions/Comments

Please do not hesitate to ask us any questions you may have about your protected health information. You may contact our Privacy Officer, Irena Homsher, at (303) 663-2235 or accentonhearing@comcast.net.

Authorization and Release for the Use and/or Disclosure of Protected Health Information for Marketing

Patient Name: Date of Birth:

Address: City/State/Zip

Social Security #: Phone #:

I authorize Accent on Hearing to use/disclose my protected health information for marketing related to audiological/health-related products or services. I understand that Accent on Hearing or its business associates may receive financial remuneration in exchange for making the marketing communication from or on behalf of the third party whose product or service is being described.

I understand that if the person/organization authorized to receive and use the information is not a health plan or health care provider, the disclosed information may no longer be protected by federal privacy regulations.

I authorize Accent on Hearing to use and disclose protected information for marketing purposes, including update letters, newsletters and emails, and understand that Accent on Hearing or its business associate may receive financial remuneration in exchange for making the marketing communication for on behalf of the third party whose product or service may be described. A list of anticipated and potential persons/class of persons/organizations to whom information may be disclosed is included below. **Neither Accent on Hearing nor its business associates will ever sell your protected information.**

I prohibit Accent on Hearing from using and disclosing protected information for any marketing purposes. This includes updates, newsletters, emails generated directly from Accent on Hearing.

A list of anticipated and/or potential persons/class of persons/organizations to whom information may be disclosed:

Hearing aid manufacturers, buying groups, tinnitus treatment device manufacturers, printers or marketing companies preparing marketing materials on behalf of Accent on Hearing.

If you need assistance in completing the authorization form, please contact Irena Homsher, at (303) 663-2235 or accentonhearing@comcast.net.

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I understand that I have the right to request restrictions as to how my protected health information may be used or disclosed by Accent on Hearing.

I understand that this authorization is in effect for the term set forth below or until the revocation section of this form is signed and received. I may revoke this authorization at any time by signing the revocation section of my copy of this form and returning it to **Accent on Hearing.**

I authorize Accent on Hearing's use and disclosure of my protected health information as set forth above. I understand that this authorization is voluntary and that Accent on Hearing cannot condition my treatment, services, etc… on the signing of this authorization. I understand that if I am signing on behalf of a minor child, this authorization will expire upon the child reaching the age of 18, unless there is proof of legal guardianship.

_____ _____

Printed name of patient or personal representative Date

_____ _____

Signature of patient or personal representative Date

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice to the address listed at the bottom of this form. I understand that revocation of this authorization will not affect any action the above named entity took in reliance on this authorization before the above named entity received my written notice of revocation.

I hereby revoke this authorization.

_____ _____

Printed name of patient or personal representative Date

_____ _____

Signature of patient or personal representative Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Date of Birth: _____

Address: _____ City/State/Zip _____

Social Security #: _____ Phone #: _____

I acknowledge that I received a copy of Accent on Hearing's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, the website (if applicable) and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

- This Notice informs me how Accent on Hearing will use my health information for the purposes of my treatment and/or payment for my treatment.
- This Notice explains in more detail how Accent on Hearing may use and share my health information for other than treatment, payment, and health care operations.
- Accent on Hearing will also use and share my health information as required/permitted by law.

_____ _____

Printed name of patient or personal representative Date

_____ _____

Signature of patient or personal representative Date