

NOTICE OF PRIVACY PRACTICES

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. The privacy of your health information is important to us.

OUR LEGAL DUTY

This notice explains our privacy practices, our legal duties, and your rights concerning your health information. If we change this Notice and our privacy practices we may make the changes effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a copy of this or future versions of this Notice by contacting us directly via telephone (917) 810-4888 or by email: mail@chinahearingcenter.com.

YOUR RIGHTS

Access: You have the right to review or request copies of your health information. Requests must be in writing and signed by you. You may request a form for this purpose from the clinic.

Release of Health Information: You may request that we provide copies of your health care information to others. To do so, complete a signed, written request form authorizing us to do so. You may revoke your authorization in writing at any time.

Correction: You may ask Chinatown Hearing Center, Inc. to correct health information we have created if the information is wrong or incomplete. Correction requests must be submitted in writing with an explanation of why you want the information changed. Your request may be denied if the information is correct or was not created by Chinatown Hearing Center, Inc..

Accounting of Disclosures: You have the right to know with whom the Chinatown Hearing Center, Inc. has shared your health information. Requests must be submitted in writing and include your signature.

Request Restrictions: You may ask us not to share your health information with certain individuals for certain purposes, including family members who may be involved in your care. To ask for restriction, send your request in writing to Chinatown Hearing Center, Inc. and clearly state with whom you want us to restrict your information and to what extent. Please note, that we are not required to comply with your request if we believe it necessary to share your information.

Confidential Communications: You may specify where and how our staff may contact you, such as only at work or by mail. Submit your request in writing, stating how or where you wish to be contacted.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and may disclose to others health information about you for the following purposes:

Treatment: We may use or disclose your health information to a physician or other healthcare professional who is providing treatment to you (e.g., laboratories, specialists, hospitals).

Appointment Reminders: We will use information about you to remind you of an upcoming appointment via telephone or mail.

Interpreters: We may share your medical information with interpreters to assist in scheduling appointments and treating you.

Family and/or Friends: We may share information about you with a family member or friend whom you have said is involved in and/or responsible for your care. You have the right to stop or limit the disclosure of information in this way.

Healthcare Operations and Oversight: We may use your information to help assess and/or improve the quality of our services, such as reviewing the competence or qualifications of healthcare professionals, and evaluating clinician and treatment performance.

Treatment Alternatives and Health Related Benefits and Services: We may disclose your information to explore and recommend possible treatment options, benefits and services that may exist for you.

Fundraising and Publicity: We may use medical information about you to contact you about opportunities for you to assist in efforts to increase awareness of the Chinatown Hearing Center, Inc..

As Required by Law: We will share your health information when the law requires us to do so. Applicable circumstances include but are not limited to reporting public health threats such as infectious diseases, reporting suspected abuse, violence or neglect victims, complying with subpoena, summons, and other lawful procedures, and providing information needed for a correctional or other custodial residential entity to provide health care to you or to protect the health and safety of others.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have not been maintained while receiving our services, you may file a complaint with Office for Civil Rights (OCR) at OCRAMail@hhs.gov or call **1-800-368-1019**.

ACKNOWLEDGEMENT OF NOTICE

Chinatown Hearing Center, Inc.
57B Mott Street
New York, NY 10013

I acknowledge that I have received the Chinatown Hearing Center Inc.'s Notice Of Health Information Privacy Practices, effective as of December 8, 2018, which describes how my health information or my child's will be used or disclosed. I understand that the Clinic reserves the right to change the Notice and its privacy practices at any time.

Name – **Please Print**

Signature

Date