

# RESTORATION HEARING

Dr. Michael P. Cleary Jr., Au.D., CCC-A

## Notice of Privacy Policies

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This notice describes how medical information about you may be used and disclosed. It provides details about how you can obtain your protected healthcare information.

**Please review this notice carefully.**

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## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

### Obtain an Electronic or Paper Copy of Your Medical Record

- You can ask to see or obtain a paper copy of your medical record and other health information we have about you at any time. Please ask us how to do this.
- Following completion of a signed medical release of information we will provide you with your requested medical record/health information. An appropriate cost-based fee may apply.

### Ask us to Correct Your Medical Record

- You can ask us to update or correct your health information at any time. Please contact us for more information on how to do this.
- We reserve the right to say "no" to your request, but you will receive a response with a written explanation within 30 days.

### Request Confidential Communications

- You can ask us to contact you in a specific way (i.e. home phone, cell phone, office phone, mail, or text)
- We will say "yes" to all reasonable requests

### Ask us to Limit What we Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say "yes" unless a law requires us to share that information.

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## Get a List of Those with Whom We've Shared your Information with

- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee for additional annual inquiries.

## Get a copy of this Privacy Notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose Someone to Act for You

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a Complaint if you Feel Your Rights are Violated

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- We will not retaliate against you for filing a complaint.

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## Your Choices

**For certain health information, you can tell us about your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these Cases, you have Both the Right and Choice to Tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation
- Include your information in a hospital directory
- *If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these Cases we *Never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your informationn
- Sharing of psychotherapy notes

### In the Case of Fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat You

- We can use your health information and share it with other professionals who are treating you (i.e. a doctor treating you for an injury asks us for your Audiogram)

#### Run our Organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary (i.e. track and monitor your progress during treatment).

#### Bill you for Services

- We can use and share your information to bill and get payment from health plans or other entities (i.e. Insurance)

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## Other Uses and Disclosures

### How else can we use or share your health information?

We are allowed to require or share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### Help with Public Health and Safety

- We can share information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Improving treatment efficacy

### Do Research

- We can use or share your information for health research

### Comply With the Law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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## Address Workers' Compensation, Law Enforcement, and Other Government Requests

- We can use or share health information about you:
  - for workers' compensation claims
  - for law enforcement purposes or with a law enforcement official
  - with health oversight agencies for activities authorized by law
  - for special government functions such as military, national security, and presidential protective services

## Respond to Lawsuits and Legal Actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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Note: Restoration Hearing does not create or maintain psychotherapy notes at this practice, we will not release any substance abuse treatment records without your written permission, and we do not transmit and health information to other practices or individuals via email.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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