

# **OFFICIAL NOTICE**

**Jacksonville Hearing & Balance Institute (JHBI)**

## **NOTICE OF PATIENT INFORMATION PRACTICES**

### **JHBI's LEGAL DUTY**

**JHBI is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.**

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

**JHBI uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, JHBI may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.**

**JHBI may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.**

**In any other situation, JHBI's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.**

**JHBI may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room or patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.**

### **PATIENT'S INDIVIDUAL RIGHTS**

**You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.**

**You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. JHBI will consider all such requests on a case by case basis, but the practice is not legally required to accept them.**

### **CONCERNS AND COMPLAINTS**

**If you are concerned that JHBI may have violated your privacy rights or if you disagree with any decisions, we have made regarding access or disclosure of your personal health information, please contact the Practice Manager. You may also send a written complaint to the US Department of Health and Human Services.**

**NOTICE OF PATIENT INFORMATION PRACTICES**

**I hereby consent to the use and disclosure of my personal health information for purposes as noted in JHBI's Notice of Patient Information Practices. I understand that I retain the right to revoke this consent by notifying the office in writing at any time.**

**Patient Name:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_