# **Gaston Hearing Center Patient Guide**

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

Gaston Hearing Center provides documents that tell you how information that may identify you and that relates to your audiological/healthcare 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 Gaston Hearing Center. This pamphlet provides an overview of the documents you will receive from Gaston Hearing Center.

# **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 Gaston Hearing Center 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.
- Gaston Hearing Center requests that you sign an acknowledgement that you received the Notice of Privacy Practices.

#### **Authorization to Use and Disclosure**

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

## **Marketing Authorization**

The marketing authorization form authorizes Gaston Hearing Center to contact you with various product and/or treatment options related to your audiological/health care. Gaston Hearing Center 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 office at 704-251-0545.