

## Privacy Policy

The following notice, which took effect April 14, 2003, complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which mandates national electronic transmission standards and specific protection guidelines for person health information. Under this law we are required to maintain the privacy of your personal health information and to provide you with notice of our legal duties. We are required by law to abide by the terms of this Privacy Notice.

**Your Personal Health Information:** We collect your personal health information through hearing evaluations, treatment, payment, billing, and other related operations. Any oral, written, or recorded information that is created or received by hearing healthcare providers or associated entities is considered protected personal health information. This information also includes your name, address, social security number, and other information used to identify you or associate you with that health information.

**Permitted uses or disclosures of your personal health information:** We cannot use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the agreed upon terms and to the minimal amount necessary. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

- 1.) **Treatment:** We may use your information to provide you with services and the treatment you require or request, including (a) the provision, coordination, or management of healthcare and related services by healthcare providers; (b) consultation between healthcare providers relating to a patient; or (c) the referral of a patient for healthcare from one healthcare provider to another.
- 2.) **Payment:** We may use your information to collect payment for services, and to conduct other related health care operations otherwise permitted or required by law, including (a) billing and collection activities and related data processing; and (b) actions by a health plan or insurer to obtain premiums, to meet provisions for coverage and benefits, to determine eligibility of coverage, to settle health benefit claims
- 3.) **Healthcare Operations:** We are permitted to disclose your personal health information within and among our workforce in order to accomplish similar healthcare operations, including (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications regarding case management or care coordination; (c) reviewing the qualifications of and training healthcare professionals; (d) medical review, legal services, and auditing functions; and (e) general administrative activities such as customer service and data analysis.

- 4.) **Miscellaneous Activities:** We may contact you or leave a message to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Uses and disclosures required by law:** We are required to use or disclose your information as follows: (a) to avert a serious threat to health or safety; (b) reporting adverse events due to product defects or problems to the Food and Drug Administration; (c) health oversight activities, including audits or investigation; licensure or disciplinary actions; or other activities necessary for oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court, warrant, subpoena, discovery request, or other lawful process; (e) law enforcement purposes, including identifying or locating a suspect or material witness; and reporting information in emergencies; (f) military and veterans activities; and (h) medical suitability determinations by the Department of State

**Without specific authorization:** Except as described above, we may not use or disclose your personal health information without your authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose such information, except to the extent that we have taken action in reliance on such authorization.

#### **Your rights with respect to your personal health information**

**Request restrictions:** You may request restrictions on the use and disclosure of your personal health information on (a) treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends regarding your care, payment for services, or your location, or your general condition, (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; or (d) the permissions of other persons to act on your behalf to pick up medical devices or accessories, or hearing assessments or other similar forms of personal health information. We are not required to agree to any requested restrictions nor will we accept requests to restrict uses or disclosures that are otherwise required by law.

**Right to receive confidential communications:** You have the right to receive confidential communications of your personal health information. We require a written request, and may condition the request based on the information you provide. We may also ask for a statement regarding how the disclosure of such information could affect you negatively. We will accommodate reasonable requests to receive communications by alternative means.

**Right to inspect and copy your personal health information:** You have the right of access in order to inspect and obtain a copy of your personal health information contained in your record set, except for (a) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (b) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. If requested in advance, you may also obtain summary or explanation of the personal health information requested. We will provide you with access in a timely manner, and will discuss the scope,

format, fees, and other aspects of your request as necessary. We reserve the right to deny you access to certain personal health information as permitted or required by law, in which case you will be provided with a written denial specifying the legal basis.

**Right to Amend Your Personal Health Information:** You may request that we amend your personal health information for as long as we maintain your records.

**We have the right to deny your request for amendment, if:** (a) we determine that the information or record that is the subject of the request was not created by us; (b) law prohibits the inspection of such information, or (c) the information is accurate and complete. If we deny your request, we will provide a written denial stating our basis for our decision.

**Right to receive an accounting of disclosures of your personal health information:** You have the right to receive a written accounting of all disclosures of your personal health information that we have made within six years prior to the date of your request. A reasonable fee may be imposed if an accounting is requested more than deemed necessary. The accounting will include all disclosures except those: (a) necessary for treatment, payment, and healthcare operations; (b) Made prior to 4/14/03 (c) incident to a permitted use or disclosure; (d) to you or persons involved in your care; (e) required for national security or intelligence purposes; (f) required by health oversight agencies, correctional institutions, or law enforcement officials; (g) made as part of a limited data set; or (h) made pursuant to an authorization.

**Re-disclosure:** Information that we use or disclose may be subject to re-disclosure by the person or organization receiving the information and may no longer be protected by federal law.

**Complaints:** You may file a complaint with us and/or directly with the Director of the Office of Civil Rights of the Department of Health & Human Services (DHHS) if you believe that your privacy rights have been violated. Your complaint should be submitted in writing, and must name the entity and describe the acts or omissions which are in violation of the applicable requirements of HIPAA or this Privacy Policy. We can provide you with the address of the DHHS if necessary. You will not be retaliated against for filing any complaint.

**Amendments and ongoing access:** We reserve the right to revise or amend this Privacy Policy at any time. We will provide you with notice of any amendments to this policy or its mandating law in person upon your next visit, or, by mail, if requested, within reasonable time of the effective date. All policies and notices will be kept up-to-date and can be viewed on our website at any time.