

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION PROPERLY PROVIDED TO US IN PERSON OR OVER THE PHONE RELATED TO A PATIENT'S TREATMENT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

PLEASE DO NOT PROVIDE PROTECTED HEALTH OR CONFIDENTIAL INFORMATION TO US THROUGH OUR WEBSITE UNLESS SPECIFICALLY REQUESTED.

THIS NOTICE IS INFORMATIONAL ONLY AND IS PREEMPTED BY THE NOTICE WE PROVIDE AT OUR OFFICES.

1. ABOUT THIS NOTICE

This Notice of Privacy Practices ("**Notice**") describes how we may use and disclose your protected health information ("**PHI**") to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law. PHI for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you. This Notice also describes your rights and our duties with respect to your PHI.

We are required by the Health Insurance Portability and Accountability Act, as amended ("**HIPAA**") and other applicable laws to maintain the privacy of PHI, to provide notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the Notice currently in effect. You have a right to receive a paper copy of this Notice.

We reserve the right to change this Notice and make the new Notice apply to PHI we already have as well as any information we receive in the future. Any revised Notice will be posted at our facilities and on this website.

2. HOW WE MAY USE AND DISCLOSE YOUR PHI

The following describes ways we may use or disclose your PHI that do not require your written authorization (except as otherwise noted).

Treatment. This includes providing services to you; coordinating your care with other providers; sending you appointment reminders and information about new or alternative treatments; and consulting with others, including hearing aid manufacturer representatives, to assist in the selection, fitting, programming or adjustment of your hearing aids.

Payment. This includes billing for services provided to you so that payment may be obtained from you, an insurance company or health plan, or other third party, or collecting unpaid amounts.

Health Care Operations. This includes activities that allow us to run our business and to ensure that you receive quality care, such as quality assessment, performance reviews, business planning and training programs.

Other Health-Related Communications. This includes sending you information about health-related products or services, or payment for such items, provided by us that we believe may benefit your hearing health care; and similar communications as allowed by law.

People Assisting in Your Care or Payment for Your Care. Unless you object, we may share limited relevant health information with a person such as a family member or friend who is involved in your health care or payment for your care. We may, for example, provide limited information to allow another person to pick up a hearing aid for you. If you do not want such information given out, you can request that it not be shared. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Fundraising/Foundation. We may contact you about fundraising programs and events. We may disclose limited PHI to companies that help us with these programs. You have the right to opt out of receiving such communications.

Research. We may share your health information for research purposes if allowed by law or if you have given permission.

Other Situations. We are allowed or required to 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.

3. WHEN YOUR WRITTEN AUTHORIZATION IS REQUIRED

The use or disclosure of your PHI for marketing purposes or sale of your PHI is prohibited unless you have given us prior written authorization. “**Marketing**” does not include face-to-face communications or promotional gifts of nominal value. Other uses and disclosures of your PHI not covered by this Notice or by the laws that apply to us will be made only with your written authorization.

You may revoke your authorization at any time by submitting a written revocation. However, any disclosure we made in reliance on your authorization before you revoked it will not be affected by the revocation.

4. YOUR RIGHTS

Right to Request Confidential Communications. You have the right to request, in writing, that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will accommodate all reasonable requests.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or health care operations; or to request a limit on the PHI we disclose to someone involved in your care or payment for your care. For example, you may ask us not to share information about a particular diagnosis or treatment with a family member. You must make your request in writing. We are not required to agree to your request, except for a request relating to “Out-of-Pocket Payment in Full” as described below.

Out-of-Pocket Payment in Full. If you (or a friend or family member) paid out-of-pocket in full for a specific health care item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. We will honor that request.

Right to Inspect and Copy. You have a right to look at and get a copy of your health information. You must make your request in writing. If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of such record be given to you or transmitted to another person or entity. We may charge you a reasonable cost-based fee for providing a paper copy or transmitting an electronic record.

Right to Amend. If you believe that some PHI we have is incorrect or incomplete, you may request, in writing, that we amend the information. If we deny your request, we will send the denial in writing, including the reasons and the steps you may take in response.

Right to an Accounting of Disclosures. With some exceptions, you have a right to request, in writing, a list of disclosures of your PHI made by us or our business associates. This does not include disclosures made for treatment, payment or health care operations purposes.

5. QUESTIONS

If you have questions about the Terms of Use, Privacy Policy or your experience with any of our sites, please contact us using the information on our Contact Us webpage.