

# Notice of Privacy Practices

Effective Date: January 1, 2018



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### 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. A revised Notice will be posted at our facilities and on customer service websites.

This Notice applies to providers and facilities that are owned/operated by

### 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 we provide 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.

### 3. HOW WE MAY USE AND DISCLOSE YOUR PHI *continued...*

**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 must 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).

Examples include:

- Emergency treatment or disaster relief assistance
- Public health reporting activities or risks, such as contagious disease reporting or notices to and from the Food and Drug Administration regarding medical devices
- Health oversight activities (audits, investigations, inspections, licensure, compliance)
- Reports regarding victims of abuse, neglect or domestic violence
- Judicial and administrative proceedings, such as in response to a court or administrative order or subpoena
- To avert a serious threat to health or safety
- Law enforcement, subject to limits set forth under the law
- Military and veterans, if lawfully required by military command authorities
- Workers' compensation
- National security and intelligence activities, as authorized by law
- Inmates or persons in custody (for health care or other safety or security reasons)
- Business associates (to perform functions or services on our behalf)
- When otherwise permitted or required by law

### 4. 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.

### 5. 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.

## 6. QUESTIONS OR COMPLAINTS

You may contact us at:

If you believe your privacy rights have been violated or you disagree with a decision about any of your rights, you may contact us or the U.S. Department of Health and Human Services – Office of Civil Rights (OCR) to file a complaint.

For more information go to [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You will not be retaliated against for filing a complaint.

## You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost

Under the law, health care providers need to **give patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit:  
[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises)