

HAMM HEARING AID CENTER

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.

Effective Date: 09 /23/2013

OUR PRIVACY PLEDGE AND DUTIES.

Our Practice keeps records of the care and services we provide to you. We need these records to provide you with quality care and to comply with certain legal requirements. We recognize that your health information is personal and we have and always will respect your privacy. In that respect, we are required by law to maintain the privacy of your health information, provide you with this Notice of Privacy Practices (“Notice”), and follow the terms of the Notice that is currently in effect. Additionally, we are required to notify you following a breach of unsecured health information that affects you.

This Notice describes some of the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

Although not an exhaustive list, the following categories describe different ways we may use and disclose your health information.

Treatment. We may use and disclose your health information to diagnose, assess and treat your health condition and coordinate further management of your care. We may share your health information as necessary among your hearing healthcare professional and other personnel involved in your care in order to provide you the healthcare that you need. We also may disclose your health information to people outside our Practice who may be involved in your healthcare, such as treating doctors, pharmacies, drug or medical device experts and family members.

Payment. We may use and disclose your health information to obtain payment for the healthcare we provide to you. For example, we may need to give your health plan information about treatment you received from us so that we can be paid for the care we provide to you. We may also tell your health plan about a treatment you are going to receive so we can obtain prior payment approval or determine if your plan will pay for the treatment. We also may disclose some of your health information to a collection agency if we are unable to obtain reimbursement from you or someone else who is responsible for paying for your care.

Health Care Operations. We may use and disclose your health information for healthcare operational purposes. These activities include, but are not limited to, quality assessment and improvement activities, conducting training programs, conducting or arranging for medical reviews, legal services or auditing, performing staff performance reviews, and business planning

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and development. For example, we may share your health information with members of our staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the healthcare we provide.

Business Associates. We may share your health information with third-party “business associates” who perform various activities for us (e.g., billing, transcription or legal services). The business associates will also be required to protect your health information.

Appointment Reminders. We may use and disclose your health information to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide to us, and we may respond to your email address.

Fundraising. We may use or disclose limited health information about you (i.e., demographic information and dates of health care) for fundraising purposes. In case you do not wish to receive any fundraising communications, we will include in any fundraising materials we send to you a description of how you may opt out of receiving any further fundraising communications.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your health information to your family members, other relatives, a close personal friend, or any person you identify who is involved in your healthcare. We may also give information to someone who helps pay for your care. In addition, we may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location or general condition.

Public Health Activities. We may use and disclose your health information for certain public health activities such as may be necessary to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report information on FDA-regulated products or activities;
- Alert a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition, when authorized by law; and
- Report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victim of Abuse, Neglect or Domestic Violence. We may disclose your health information to an authorized governmental authority, including a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

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Health Oversight Activities. We may disclose your health information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health care programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings. We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may use and disclose your health information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Coroners and Medical Examiners. We may disclose your health information to a coroner or medical examiner as authorized by law. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and Tissue Procurement. If you are an organ donor, we may disclose your health information to organizations that handle organ, eye or tissue transplants or banking.

Research. We may use or disclose your health information for research that has been specially approved by an Institutional Review Board (“IRB”). The IRB evaluates a proposed research project and its use of health information, trying to balance the research needs with patients’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through the IRB, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave our Practice. Unless the IRB, as permitted by law, has approved a waiver, we will ask your specific permission to use and disclose your information for research purposes.

Serious Threats to Health or Safety. We may use or disclose your health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety and the use or disclosure is to a person reasonably able to prevent or lessen the threat, or necessary for law enforcement authorities to identify or apprehend an individual.

Military Personnel. If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities. We may also use and disclose health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose your health information to authorized federal officials if required for special investigations.

Workers’ Compensation. We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs that provide benefits for work-related injuries or illness.

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As Required by Law. We may use or disclose your health information when required to do so by any other law not already referred to in the preceding categories.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

Other than the circumstances described above, any other use or disclosure of your health information will only be made with your written authorization. The following uses and disclosures of your health information will only be made with your written authorization:

- Marketing that does not involve face to face communication between you and our staff or promotional gifts of nominal value that we give to you;
- Marketing that involves any financial remuneration to us;
- The sale of your health information; and
- Other uses and disclosures not described in this Notice.

You have the right to refuse to give us authorization for such uses or disclosures of your health information. You may also revoke any authorization at any time by providing us with written notice of your revocation. However, we cannot take back any uses or disclosures of health information already made with your authorization before you provided us with written notice of your revocation.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Right to Request Confidential Communications. You have the right to ask us to communicate with you about hearing care services in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. Your request for confidential communications must be made in writing, signed and dated, to the address provided below. Your request must specify how or where you wish to be contacted. You need not tell us the reason for your request and we will accommodate all reasonable requests.

Right to Request Additional Restrictions. You may request that we restrict or limit the uses and disclosures of your health information for treatment, payment and health care operations. You may also ask us to limit the health information we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. While we consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction, except if the disclosure is to a health plan for purposes of carrying out payment or health operations (not treatment), and the health information relates solely to health care for which the health care provider involved has been paid out of pocket in full. To request restrictions, you must make your request in writing, signed and dated, to the address below. Your request must describe the information you want restricted, say whether you want to limit the use or the disclosure of the information, or both, and tell us who should not receive the restricted information. We will tell you whether we agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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Right to Inspect and Copy Your Health Information. You have the right to inspect and obtain a copy of your health information maintained by us in a “designated record set” for as long as we maintain the information. A “designated record set” contains medical and billing records and any other records we use for making decisions about you. This right does not include inspection and copying of the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and health information that is subject to law that prohibits access to health information. Your request to inspect and copy your records must be submitted in writing, signed and dated, to the address below. We may charge a fee for processing your request.

Right to Amend Your Health Information. If you feel that health information we have about you is incorrect or incomplete, you have the right to request that we amend your health information maintained by us. Your request for an amendment must be made in writing, signed and dated, to the address below. It must specify the records you wish to amend and give the reason for your request. We may deny your request for an amendment; if we do, we will tell you why and explain your options.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures we have made of your health information for the last six years before the date of your request. This right to an accounting is subject to certain exceptions. For example, the accounting will not include disclosures:

- made for treatment, payment or health care operations;
- made to you;
- made pursuant to a written authorization;
- required to maintain a directory of the individuals in our facility or to individuals involved with your care;
- required for national security or intelligence purposes;
- to correctional institutions or law enforcement officers; and
- other reason.

In addition, we may suspend your right to receive an accounting of disclosures if required to do so by a health oversight agency or law enforcement official for the period of time specified by such agency or official. Your request for an accounting of disclosures must be submitted in writing, signed and dated, to the address below. It must identify the time period of the disclosures and the facility that maintains the records about which you want the accounting. Your request should indicate the form in which you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. If you request an accounting more than once during a twelve (12) month period, we will charge for the cost of providing the list.

Right to a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice at any of our facilities. **You may also view this Notice on our website at www.hammhearingaids.com.**

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CHANGES TO THIS NOTICE

We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all health information that we maintain. We will post a copy of the current Notice at our facility/facilities **and on our website, www.hammhearingaids.com**.

COMPLAINTS

If you believe that we have violated your privacy rights or disagree with a decision that we made about providing you access to your health information, please contact us as provided below or contact the Secretary of the Department of Health and Human Services. We respect your right to file a complaint and will not take any action against you if you file a complaint.

CONTACT INFORMATION

Requests to inspect and copy your records, amend your health information, or obtain an accounting of disclosures should be made in writing to the following address:

HAMM HEARING AID CENTER
ATTENTION: Business Manager
ADDRESS: 1608 Wellington Avenue
Wilmington, NC 28401

For all other questions or to make a complaint, please write or call us as follows:

NAME OF HEARING HEALTH PRACTICE
ATTENTION: Business Manager
ADDRESS: 1608 Wellington Avenue
Wilmington, NC 28401
TELEPHONE: (910) 792-0011

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of **Hamm Hearing Aid Center's** Notice of Privacy Practices and have been informed that I can request a copy of the Notice at any time either by hard copy or by e-mail. I have read and understand the Notice and I have had an opportunity to ask questions about the use and disclosure of my health information, and other concerns regarding my health information.

Signature of Patient (or Personal Representative)

Date

Printed Name of Patient

Printed Name of Personal Representative (if applicable)

Personal Representative's Relationship to Patient