

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.

Permitted Uses or Disclosures of Protected Health Information (§164.506)

As permitted under HIPAA, The Hearing Center, Inc. (the "Practice") may make the following types of uses or disclosures of Protected Health Information ("PHI"). The examples are not meant to include all possible types of use and/or disclosure.

1. **For treatment** - In order to provide, coordinate, and manage your health care, the Practice will provide your PHI to those health care professionals, whether on the Practice's staff or not, directly involved in your care so that they may understand your medical condition and needs and possibly provide advice or treatment (a specialist or laboratory). For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the physicians in this Practice. This also includes on-call physicians with whom the Practice has arranged to take your call if a physician from the Practice is not available. Those on-call physicians will provide the Practice with whatever PHI that they create and will, by agreement, keep your PHI confidential.

2. **For Payment** - In order to get paid for services provided to you, the Practice will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Practice may need to provide your health insurance carrier or, if you are over 62, the Medicare program with information about health care services that you received from the Practice so that the Practice can be properly reimbursed. The Practice may also need to tell your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense.

3. **For Health Care Operations** - In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for the Practice to continue to provide quality and efficient care, it may be necessary for the Practice to compile, use, and/or disclose your PHI. For example, the Practice may use your PHI in order to evaluate the performance of the Practice's personnel in providing care to you. The Practice may also disclose your PHI to another of your medical providers in order to carry out health care operations or to detect health care fraud and abuse.

Uses or Disclosures of Certain Protected Health Information (§164.514f)

Fundraising - If it so chooses, the Practice may contact you in accordance with §164.514(f)(1) to raise funds for the Practice, and in doing so may use or disclose your demographic information (including name, address, other contact information, age, gender, and date of birth) and the dates that you received treatment from your physician, department of service, treating physician, outcome information, and health insurance status, as necessary. If you do not want to receive these materials, you may opt-out by contacting the Practice's Privacy Officer listed on this Notice of Privacy Practices or on the fundraising communication.

Uses or Disclosures of PHI Without Written Authorization (§164.510; §164.512)

The "Practice" may use or disclose your PHI in the following ways without your written authorization, but with your agreement in some instances, as described below:

1. **As required by law** - the Practice must disclose your PHI to the extent required by federal, state, or local law.

2. **Public health activities** - the Practice may disclose PHI for public health activities. These activities generally include: 1) disclosures to a public health authority to report, prevent or control disease, injury, or disability or to report birth or death; 2) disclosures to report child abuse or neglect to a government authority, including social services, if we reasonably believe that the child is a victim of abuse, neglect, or domestic violence; 3) disclosures to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity, including reporting reactions to medications or problems with products or notifying people of recalls of products they may be using, or tracking FD-regulated products, or conducting post-marketing surveillance; 4) disclosures to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, if authorized by law within the conduct of a public health intervention or investigation; 5) disclosures to an employer about an employee to conduct medical surveillance in certain limited circumstances concerning work-place illness or injury, in which case we will provide you with written notice of such disclosure; and 6) disclosures to a school to provide proof of immunizations for a student or a prospective student if the school is required by law to have such proof prior to admitting the individual to school, in which case the Practice will obtain and document the parent or guardian's agreement or, if the student

is an adult, the individual's agreement.

3. Victims of abuse, neglect, or domestic violence - Except for reports of child abuse or neglect, where the Practice reasonably believes an individual is a victim of abuse, neglect, or domestic violence, we may disclose PHI to the extent required by law, or as agreed to by the individual, or if authorized by law or regulation and we believe disclosure is either necessary to prevent serious harm to the individual or others, or upon request from law enforcement for immediate enforcement activity that depends on the disclosure.

4. Health oversight activities - the Practice may disclose PHI to a health care oversight agency for activities authorized by law such as audits, civil, administrative, or criminal investigations and proceedings/actions, inspections, licensure/disciplinary actions, or other activities necessary for appropriate oversight of the health care system, government benefit programs, and compliance with regulatory requirements and civil rights laws.

5. Judicial and administrative proceedings - Under certain circumstances, the Practice may disclose your PHI in the course of a judicial or administrative proceeding, including in response to a court or administrative order, subpoena, discovery request, or other lawful process.

6. Law enforcement - the Practice may disclose PHI for law enforcement purposes, including reporting of certain types of wounds or physical injuries or in response to a court order, warrant, subpoena or summons, or similar process authorized by law. We may also disclose limited PHI to the extent needed: 1) for identification or location of a suspect, fugitive, material witness or missing person; 2) about a victim of a crime if the individual agrees or agreement cannot be obtained due to incapacity and the PHI is required for immediate law enforcement activity; 3) about an individual who has died if we suspect the death resulted from criminal conduct; 4) in relation to criminal conduct on the Practice premises, or 5) while providing emergency medical care, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

7. Coroners, medical examiners, and funeral directors - the Practice may disclose PHI to a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining cause of death, or for performing some other duty authorized by law.

8. Organ, eye or tissue donation - If you are an organ donor, the Practice may disclose your PHI to the entity to whom you have agreed to donate your organs.

9. Research - the Practice may use and disclose PHI for research purposes. Limited data or records may be viewed by researchers to identify patients who may qualify for their research project or for other similar purposes, so long as the researchers do not remove or copy any of the PHI. Before we use or disclose PHI for any other research activity, one of the following will happen: 1) a special committee will determine that the research activity poses minimal risk to privacy and that there is an adequate plan to safeguard PHI; 2) if the PHI relates to deceased individuals, the researchers give us assurances that the PHI is necessary for the research and will be used only as part of the research; or 3) the researcher will be provided only with information that does not identify you directly.

10. Serious threat to health or safety - the Practice may disclose PHI if we believe it necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public, or for law enforcement authorities to identify or apprehend an individual.

11. Government functions - In certain situations, the Practice may disclose the PHI of military personnel and veterans, including Armed Forces personnel, as required by military command authorities. Additionally, we may disclose PHI to authorized officials for national security purposes, such as protecting the President of the United States, conducting intelligence, counter-intelligence, other national security activities, and when requested by foreign military authorities. Disclosures will be made only in compliance with U.S. Law.

12. Correctional institution - the Practice may disclose the PHI of an inmate or other individual when requested by a correctional institution or law enforcement official for health, safety, or security purposes. The Practice may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility.

13. Workers' compensation - As authorized by and to the extent necessary to comply with applicable laws, the Practice may use or disclose PHI to comply with workers' compensation or other similar programs established to provide work-related injury or illness benefits without regard to fault.

14. Facility Directories - The Practice may use the following PHI to maintain a directory of individuals in its facility: your name, your location within the Practice, your condition (described in general terms that do not communicate specific medical information), and your religious affiliation. The Practice may disclose for directory purposes such information to members of the clergy or, except for religious affiliation, to other persons who ask for you by name. The Practice will inform you in advance if it intends to include your PHI in a directory and the persons to whom it may disclose such information. If the Practice cannot practicably provide you with opportunity to object because of incapacity or emergency treatment, you will be informed and provided an opportunity to object when it becomes practicable to do so.

15. Family/Friends - The Practice may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Practice may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. In such cases, the Practice will either: (1) obtain your agreement, (2) provide you with opportunity to

object, or (3) reasonably infer from the circumstances, based on exercise of professional judgment, that you do not object to the use or disclosure. However, if you are not present, are incapacitated, or it is an emergency situation, the Practice will exercise its professional judgment to determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

16. Disaster Relief Efforts - The Practice may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. The Practice may utilize your PHI to the extent that the Practice, in the exercise of professional judgment, determines necessary to avoid interfering with the ability to respond to the emergency circumstances.

17. Personal Representative - the Practice may disclose PHI to your personal representative, as established under applicable law, or to an administrator, executor, or other authorized individual associated with your estate.

18. De-identified Information and Limited Data Sets - the Practice may use and disclose health information that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. the Practice also may disclose limited health information, contained in a "limited data set". The limited data set does not contain any information that can directly identify you. For example, a limited data set may include your city, county and zip code, but not your name or street address.

19. Appointment reminders and health-related benefits and services - the Practice may use and disclose PHI to contact you as a reminder that you have an appointment with us and may use and disclose PHI to tell you about health-related benefits and services that may be of interest to you. For example, the Practice may contact you about a new patient service center in your area or about new testing services available at the Practice based on services ordered by your physician.

20. Business associates - the Practice may disclose PHI to its business associates to perform certain business functions or provide certain business services to the Practice. For example, we may use another company to perform billing services on our behalf. All of our business associates are required to maintain the privacy and confidentiality of your PHI. In addition, at the request of your health care providers or health plan, the Practice may disclose PHI to their business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose PHI to a business associate of Medicare for purposes of medical necessity review and audit.

Uses and Disclosures of PHI Requiring Written Authorization (§164.508)

The following uses or disclosures of PHI will be made only with your prior written authorization. If you sign an authorization form, you may revoke it, in writing, at any time, as provided by provided by §164.508(b)(5), except to the extent that action has been taken in reliance on the authorization.

1. Psychotherapy Notes - Your written authorization must be obtained for any use or disclosure of psychotherapy notes, except that your authorization is not required for treatment, payment or health care operations where (1) used by the originator for treatment; (2) used or disclosed by the Practice for its own training programs; or (3) used or disclosed by the Practice to defend itself in a legal action brought by you.

2. Marketing - Your written authorization must be obtained for any use or disclosure of PHI for marketing purposes, except that your authorization is not required if the marketing is a face-to-face communication or a promotional gift of nominal value from the Practice. If the marketing involves direct or indirect remuneration from a third party whose product or service is being described, your authorization statement must inform you that such remuneration is involved.

3. Sale of PHI - Your written authorization must be obtained for any use or disclosure of PHI which is a sale of PHI. "Sale of PHI" means disclosure of your PHI in exchange for remuneration received by the Practice. When seeking your Authorization, the Practice will inform you if the disclosure will result in remuneration to the Practice.

4. Your written authorization must be obtained for any use or disclosure of PHI other than those described in this Notice of Privacy Practices.

Your Rights Regarding PHI

Subject to certain exceptions, HIPAA establishes the following patient rights with respect to PHI:

1. Right to Revoke any Authorization - You may revoke an authorization by submitting a written request to the Practice's Privacy Officer listed in this Notice of Privacy Practices.

2. Right to Request Limits on Uses and Disclosures of PHI as provided by §164.522(a) - You have the right to request that we limit: 1) how we use and disclose your PHI for treatment, payment, and health care operations activities; or 2) our disclosure of PHI to individuals involved in your care or payment for your care. The Practice will consider your request but is not required to agree to it; except, the Practice must agree to your request to restrict disclosure of your PHI to a health plan where the disclosure is for purposes of payment or health care operations and not required by law, and the PHI pertains only to a health care item or service for which you have paid the Practice in full.

3. Right to Receive Confidential Communications as provided by §164.522(b) - You have the right to request that the Practice communicate with you about your PHI at an alternative address or by an alternative means. The Practice will accommodate reasonable requests.

4. Right to Inspect and Copy PHI as provided by §164.524 - You generally have the right to access and receive a copy of PHI that may be used to make decisions about your care or payment for your care. For PHI for which you have a right of access, you have the right to access and receive your PHI in an electronic format if it is readily producible in such format, and to direct the Practice to transmit a copy to an entity or person you designate, provided such designation is clear, conspicuous and specific. The Practice may charge you a reasonable, cost-based fee to provide you with the requested PHI.

5. Right to Amend PHI as provided by §164.526 - If you believe that your PHI contains a mistake, you may request, in writing, that the Practice correct the information. If your request is denied, we will provide an explanation of the reasoning for our denial.

6. Right to Receive an Accounting of Disclosures as provided by §164.528 - You have a right to receive a list of certain instances in which the Practice disclosed your PHI. This list will not include certain disclosures of PHI, such as (but not limited to) those made based on your written authorization or those made prior to the date on which the Practice was required to comply. If you request an accounting of disclosures of PHI that were made for purposes other than treatment, payment, or health care operations, the list will include disclosures made in the past six years, unless you request a shorter period of disclosures. If you request an accounting of disclosures of PHI that were made for purposes of treatment, payment, or health care operations, the list will include only those disclosures made in the past three years for which an accounting is required by law, unless you request a shorter period of disclosures.

7. Right to Obtain a Paper Copy of this Notice of Privacy Practices §164.520 - You have a right to request and receive a copy of this Notice of Privacy Practices at any time by contacting the Practice's Privacy Officer listed in this Notice. This Notice will also be posted in the Practice's office and on the Practice website.

To exercise any of your rights described in this Notice, you must call and/or write to the Practice's Privacy Officer at the address listed below or by calling the number listed on your invoice.

The Practice's Duties

The Practice is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

1. Is required by law to maintain the privacy of your PHI, to provide you with notice of the Practice's legal duties and privacy practices regarding PHI, and to notify you if affected by a breach of your unsecured PHI.

2. Is required to abide by the terms of the Practice's Notice of Privacy Practices currently in effect.

3. The Practice reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains. You will be provided with a revised Privacy Notice posted in our office and on our website.

4. Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

How to Contact Us or File a Complaint

If you have questions or comments regarding the Practice's privacy practices, or have a complaint about our use or disclosure of your PHI or our privacy practices, please contact Privacy Officer listed in this Notice of Privacy Practices. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Practice will not take retaliatory action against you for filing a complaint about our privacy practices.

You may contact the Practice's Privacy Officer for further information or for any purpose noted in this Notice of Privacy Practices at the following:

Privacy Officer's Name and Title: Sheila M. Dalzell, Au.D., Audiologist

By Telephone: 585-461-9192

By U.S. Mail: 2561 Lac De Ville Blvd., Ste 101, Rochester, NY 14618

Effective Date of Notice: 09/13/2013

Revised: _____