



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.

This Health Services, LLC (“Health Services, LLC”) location and members of its staff may collect medical information about you, including, but not limited to, your medical history, current health, and treatment(s) received. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to medical information created or received by [Business Name]. We are required by law to: (i) make sure that medical information that identifies you is kept private; (ii) give you this notice of our legal duties and privacy practices with respect to medical information about you; and (iii) follow the terms of the notice that is currently in effect.

Your medical information may be used and disclosed for the following purposes:

- **Treatment:** We may use your information to provide, coordinate, and manage your care and treatment. For example, a Health Services, LLC staff member may share your medical information with another health care provider for a consultation or a referral.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Health Services, LLC so your health plan will pay us or reimburse you for the treatment.
- **Health Care Operations:** We may use and disclose medical information about you for [Business Name]’s health care operations. Health care operations are the uses and disclosures of information that are necessary to run Health Services, LLC and to make sure that all of our customers receive quality care. For example, we may use medical information to evaluate the performance of our staff in caring for you.
- **Individuals Involved in Your Care or Payment for Your Care.** Health Services, LLC may release your health information to a friend, family member, or legal guardian involved in your care or who helps pay for your care. We may, for example, provide limited medical information to allow a family member to pick up a hearing device for you. If you are able to make your own health care decisions, Health Services, LLC will obtain your permission before using your medical information for these purposes. If you are unable to make health care decisions, Health Services, LLC will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation. **Research:** Federal law permits Health Services, LLC to use and disclose medical information about you for research purposes, either with your specific, written authorization or, where allowed by state law, when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. If required to do so by applicable law, we will obtain your consent before we disclose your health information to an outside researcher.
- **To Business Associates:** Health Services, LLC may disclose your health information to other entities that provide a service to Health Services, LLC or on [Business Name]’s behalf that requires the release of your medical information, such as a billing service. Your medical information will only be released if Health Services, LLC receives satisfactory assurance that the other entity will protect your medical information as required by law.
- **Fundraising/Marketing.** Health Services, LLC may use (or release to a third party) certain information such as your name, address, department of service, and treatment dates for fundraising purposes. If you do not want to be contacted for fundraising efforts, you may opt-out by sending notification to Health Services, LLC at the address provides in the Contact Information section of this Notice. Health Services, LLC will not use your health information to contact you for marketing purposes or sell your health information without your written permission.

In all of the situations described above, where required to do so by law, Health Services, LLC will obtain your written permission prior to disclosing your health information.

We may use or disclose your medical information without your permission in specific situations as listed below, to the extent permitted or required by law.

- Under emergency conditions, to government or other groups assisting in emergencies or disasters;
- When required by law;
- For public health activities, including, without limitation, to report disease and vital statistics, child abuse, and adult abuse or neglect or domestic violence;
- For health oversight activities, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;
- For judicial and administrative proceedings;
- To avert a serious threat to health or safety;
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying and locating suspects or other persons.
- For certain specialized government functions, such as military discharge;
- To the military, to federal officials for lawful intelligence, counterintelligence, national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody;
- As authorized by the state’s worker’s compensation laws.

In all of the situations described above, where required to do so by law, Health Services, LLC will obtain your specific written permission prior to disclosing HIV-related information, mental health records, drug or alcohol abuse records, or any other type of record given explicit additional protections under applicable state law.

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

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by [Business Name].
- If you wish to inspect and copy medical information, you must complete and return an Access for Health Information Form (a copy of which is available upon request). If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. If you are denied access to medical information, you may request that the denial be reviewed. Another health care provider chosen by Health Services, LLC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Request Amendment:** You have the right to ask us to amend your medical information we have on file as long as the information is kept by or for Miracle-Ear. To request a change to your information, you must complete and return a Request for Amendment Form (a copy of which is available upon request), including justification for your request. Miracle-Ear may deny your request for an amendment if it is not in writing or does not include

justification to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by [Business Name], unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for [Business Name];
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.
 - To request this list of disclosures, you must complete and return a Request for Accounting of Disclosures Form (a copy of which is available upon request). Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six (6) years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any twelve (12) month period. We will charge you for additional requests.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could ask that we not use or disclose information about treatment that you received to other health care providers or to your insurance company. We are not required to agree to your request regarding restrictions on disclosure with the following exception: you may request, and we must comply, that we not share health information directly related with a health care product or service that you paid for yourself in full out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must complete and return an Authorization for the Use and Disclosure of Private Health Information Form (a copy of which is available upon request).
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or only by mail. To request confidential communications, you must complete and return a Confidential Communication Request Form (a copy of which is available upon request). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.
- **Right to Notification.** Health Services, LLC will notify you if your unsecured medical information is breached without unreasonable delay and in no case later than sixty (60) days following the discovery of a breach or as required by law.
- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website: [enter web address here]

Changes to This Notice

The effective date of this notice is September 23, 2013. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, Health Services, LLC will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated locations at [Business Name].

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint please *(enter submission process and contact information)*

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Health Services, LLC will not use or disclose your protected health information without a specific written authorization from you, except where allowed or required by law. If you provide us with written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

Contact Information. All correspondences relating to the contents of this Notice should be directed as follows:

Attn: {Name or Position Title}
Address:
Phone Number: