

**Hippa statement****Notice of privacy practices****Effective date 4/4/2003**

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are allowed or required by law. Under applicable law, we are required to protect the privacy of your individual health information (protected health information). Only people who have both the need and the legal right may have access to your information. We are also required to provide you with this notice regarding our policies and procedures pertaining to your protected health information and to abide by the terms of this notice, as it may be updated from time to time. We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. Unless we obtain authorize written consent from you, we will only disclose your information for the purposes of treatment, payment, business operations, when we are required by law to do so, or for other reasons listed below.

For treatment purposes, we may use or disclose medical information about you to provide and coordinate your hearing health care.

For payment purposes, such use and disclosure will take place to obtain reimbursement for providing hearing healthcare services such as when your case is reviewed to ensure that appropriate care was rendered for reimbursement purposes, your protected health information may be disclosed to one or several intermediaries employed by your insurance plan sponsor including but not limited to insurers, benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways including for quality assessment and improvement, provider review and training, reviews and compliance activities, planning, development, management and administration.

In addition, we may contact you to provide hearing healthcare reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Unless you object in writing, we may disclose protected health information to a family member, caregiver, representative or another person responsible for care. The information disclosed will be limited to what is directly relevant to the person's involvement with or payment of your care, or to let them know your location or condition. In addition, we may disclose your location, general condition, or death to identify or locate a member of your family or to aid certain disaster relief agencies. In the event of an emergency, we will do what in our judgement is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the persons involvement with your healthcare.

We may use and disclose your protected health information, without your authorization when the audiologist needs to contact a physician or physician's staff and is permitted or required to do so without individual written consent or authorization.

We may also use and disclose your protected health information upon receipt of an authorized consent form to transfer records that is signed by you.

As required by law and for other government functions, we will release information when we are required by law to do so or for other government functions. Examples of such releases include but are not limited to: law enforcement and national security purposes, subpoenas or other court orders, U.S. Food and drug requirements and investigations, disaster relief.