### WRITTEN PRIVACY NOTICE

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.

### Purpose:

Precision Hearing and its professional staff, employees, and any affiliated entitles or individuals contracted by Precision Hearing will be required to follow the privacy practices described in this Written Privacy Notice. Protected health information will be maintained in a confidential manner as required by law. Protected health information may include, but is not limited to, audiograms obtained for fitting purposes. Precision Hearing must use and disclose protected health information to the extent necessary to provide you with the highest quality of health care. To do so, protected health information will be shared as necessary for treatment, financial compensation (payment), and health care operations.

### Policy:

Treatment - Sharing information with health care providers involved in your care.

Payment - Sharing information with your insurance provider to obtain payment.

Health care operations - Disclosure used for the purpose of enhancing quality care through training.

# Uses of protected health Information:

- · Appointment reminders Name, date of appointment, and time.
- Share Information with family or friends involved in your care or payment for your care, when appropriate
- · For lawsuits and similar proceedings court ordered subpoenas, etc.
- · As required by law
- Public health Information
- Health oversight Audits, Investigations, licensure, etc.
- Law enforcement
- Research projects
- To protect victims of abuse, neglect, or domestic violence
- National Security
- To coroners, medical examiners, and funeral directors
- Workers Compensation
- Business Associates

# Rights of restriction:

You may request limitation on your health information we use or disclose for treatment, payment, or health care operations (e.g., exclusion of a specific event or surgery), but we are not required to agree to your request. An agreement to this exclusion does not prevent disclosure for the purpose of emergency treatment.

# Confidential communication:

You may request that communications be forwarded to a specific location. However, you must specify how and where you should be contacted.

# Review and copy:

You have a right to inspect and/or copy your personal medical record. However, there may be a fee for copying, mailing, and any supplies used. In the event that information in your medical record may have a negative impact on other individuals, the information provided by outside sources may be omitted for their protection.

#### Request amendment:

In the event that you feel your personal health information has been misrepresented, you have a right to request an amendment. The requested amendment may not be accepted but it will become part of the permanent record.

## Accounting of disclosures:

You may request, at any time a list of disclosures of your protected health information that have been made for reasons other than treatment, payment, or health care operations. In the event of an improper disclosure and you are seeking civil and/or criminal penalties, you may request an accounting of all individuals and/or entities who have had access to your protected health information.

### Copy of Written Privacy Notice:

You may have a written copy of this notice at any time.

### Legal requirements:

By law, we are required to provide you with a written copy of this Notice. We reserve the right to make changes to this notice at any time. You may obtain a new copy any time you present for services at our facility.

## Patient Complaints:

If you feel your privacy rights have been violated and an improper disclosure has been made, you may file a written complaint with our Privacy Officer. You will not be penalized or receive any retallation for filing a complaint.

Contact our Privacy Liaison if you have concerns about the following:

## Privacy Complaints

Questions regarding this Written Privacy Notice

Questions regarding copies, amendments, restrictions, or disclosures of your protected health information

# Privacy Officer: To contact our Privacy Officer, please address all requests to:

Precision Hearing Instruments 321 West Tabernacle St, Suite A St. George, UT. 84770 435-628-9015 Attn: Privacy Officer

Effective Date of this Notice: This notice is effective as of January 1, 2017.

