

PRIVACY NOTICE

SUMMARY NOTICE

Advanced Hearing Care has always been committed to protecting the confidentiality of your health care information. In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, Advanced Hearing Care has developed this summary document to describe the measures we have enacted to safeguard and protect the privacy of patient healthcare information.

OUR PLEDGE REGARDING HEALTH CARE INFORMATION

Advanced Hearing Care provides training on policies and procedures to all employees that have access to protected health information. Conversations with the patient/family regarding confidential patient information are not held in public areas. Paper records and medical charts are stored in such a way as to avoid observation by unauthorized individuals. Only authorized staff has access to confidential patient information and only the minimum amount necessary is accessed and used to accomplish their duties.

Advanced Hearing Care requires that all Business Associates and Laboratories sign a contract stipulating the need to protect patient healthcare information and to ensure that they have the necessary procedures in place to maintain the privacy of protected health care information.

All Advanced Hearing Care employees are required to sign a confidentiality agreement stating that they will not divulge any patient health care information that they may have access to as part of their employment with Advanced Hearing Care.

We understand that health care information about you and your health is personal. As part of our routine operations, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements.

We may use and/or disclose health care information about you for the following purpose: 1.) for treatment, payment or for health care operations. 2.) to contact you as a reminder that you have an appointment at our office or need to schedule one . It is our general policy to call the day before your appointment and confirm/remind you of the date and time. If you are not at home, we will leave a message on your answering machine/voicemail or with whoever answers the phone (e.g. family member). If we only have your work phone number, we will leave a message there. 3.) to contact you with a customized health related recommendation as part of your treatment-plan and care continuum. 4.) to send an annual reminder postcard and/or phone those patients with hearing loss who need annual follow-up. 5.) to send quarterly newsletters with educational information about hearing and hearing loss and updates on Advanced Hearing Care practice activities, new products and services.

Advanced Hearing Care does not disclose any protected health information to third-parties for marketing purposes without the patient's explicit authorization. Advanced Hearing Care doesn't disclose patient lists to product laboratories or dispensers. Advanced Hearing Care allows patients to "opt out" of these types of communications about their health care treatment if desired.

YOUR RIGHTS REGARDING HEALTH CARE INFORMATION ABOUT YOU

You have the right to:

1. Inspect and copy your health care information.
2. Amend health care information that is incorrect or incomplete.
3. Request an "accounting of disclosures" not related to treatment, payment or health care operations.
4. Request a restriction or limitation on the health care information we use or disclose.
5. Request that we communicate with you about health care matters in a certain way.
6. Obtain a copy of this privacy notice.

You must submit any of these requests in writing to Advanced Hearing Care with the exception of obtaining a copy of this notice. There may be fees associated with these requests and Advanced Hearing Care has the right to deny these requests in certain circumstances.

Advanced Hearing Care reserves the right to change the terms of this privacy notice and to make the new notice provisions effective for all protected health care that it maintains. Full documentation of measures is available upon request. There are formal procedures to follow regarding the filing of a complaint. Please see contact person, Cheri Zanette.

ATTESTATION

By signing and dating the form below I acknowledge that I have read a copy of Advanced Hearing Care's Corporate Privacy Notice.

Patient Name

Date

By signing and dating the form below I acknowledge that I waive my right to read a copy of Advanced Hearing Care's Corporate Privacy Notice.

Patient Name

Date