

# Pioneer Hearing Aid Centers, Inc.

## PRIVACY NOTICE

We understand that medical information about you and your health is personal. We are committed to protecting the confidentiality of your medical information. 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.

Federal law requires us to 1) make sure that medical information that identifies you is kept private; 2) give you this notice of our legal duties and privacy practices; and 3) follow the terms of the notice that is currently in effect.

If the practices described in this notice meet your expectation, there is nothing you need to do. If you have any questions regarding this Privacy Notice, please contact our Privacy Officer, Jamie Sargent at 214.705.9994.

All employees of our company follow the terms of this notice. Some employees may share medical information with each other for purposes of treatment, payment or healthcare operations as described in this notice.

## How We May Use and Disclose Medical Information About You

- **For Treatment** – We may use medical information about you to provide you with products or services. We may disclose medical information about you to other employees in order to coordinate the different products and services we offer. We may also disclose medical information about you to people outside the facility who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.
- **For Payment** – We may use and disclose medical information about you so that your treatment, products, and services you received from us may be billed to and payment may be collected from you, an insurance company, or third party. For example, we may need to give your insurance company information about your hearing aids in order for claims to be filed for payment to our company or reimbursement to you. We may also tell your health care plan about treatment or products you are going to receive to obtain prior approval or to determine coverage.
- **For Healthcare Operations** – We may use and disclose medical information about you for our facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients receive quality care. For example, we may use medical information from a number of patients to review our products and services to see if we need to make changes, or evaluate staff performance.
- **Appointment Reminders** – We may use and disclose medical information to contact you as a reminder that you have an appointment at our facility.
- **Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend products or services that may be of interest to you.
- **Health-Related Benefits and Services** - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care** – We release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- **As Required by Law** – We will disclose medical information about you when required to do so by federal, state, or local law. We may also release medical information if asked to do so by law enforcement officials, such as in response to a court order or subpoena.
- **Health Oversight Activities** – We may disclose medical information to a health oversight agency for activities authorized by law. For example, we may disclose information to the Texas Department of Health relating to an audit or for licensure.

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information about you. To exercise any of these rights, you must submit the request in writing to: Pioneer Hearing Aid Centers, Inc., Attn: HIPAA Contact, 822 N Porter Ave, Norman, OK 73071

- **Right to Inspect and Copy** – You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. If you request a copy of the information, we may charge a fee of \$10.00 for the costs of copying, mailing, and administration. We may deny your request to inspect and copy in certain very limited circumstances.
- **Right to Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. As part of your written request to amend, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that: was not created by us, is not part of the medical information kept by our facility, is not part of the information which you would be permitted to inspect or copy, or if you ask us to amend information that is accurate and complete.
- **Right to an Accounting of Disclosures** – This is a list of the disclosures we made of medical information about you. Your request must state a time period and may not include dates before February 26, 2003. The first list you request in a 12 month period will be free. For additional list, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- **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 treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member, or a friend. Written requests for restrictions must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply. **We are not required to agree to your 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 certain locations, such as to contact you at home, and not at work. Written requests for confidential communications must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

### Changes to this Notice

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 as well as any information we receive in the future. We will post a current copy of this notice in the facility.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with Pioneer Hearing Aid Centers, Inc., or with the Secretary of the Department of Health and Human Services. To file a complaint with our company, submit your written complaint to: Pioneer Hearing Aid Centers, Inc., P.C., Attn: HIPAA Contact, 822 N Porter Ave, Norman, OK 73071.

### Acknowledgement

We may ask to acknowledge receipt of this Privacy Notice. Should you decline to acknowledge receipt off this notice, we may record in your medical records the date the notice was given to you.

Signed \_\_\_\_\_ Date \_\_\_\_\_