

**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.**

ABOUT THIS NOTICE

Helton Hearing Care is committed to protecting your health information. This Notice of Privacy Practices (“Notice”) is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as revised in the 2013 HIPAA Omnibus Rule . This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or audiological/health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our duties with respect to your protected health information.

“Protected health information” is information about you that may identify you and that relates to your past, present or future physical or mental health/condition and related audiological/health care services. We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact our Privacy Officer, Gee Helton, at (406) 586-0914 or info@heltonhearing.com.

OUR RESPONSIBILITIES

Helton Hearing Care is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made.

1. Treatment

We may use and disclose your protected health information to provide, coordinate, or manage your audiological treatment and any related services. We may also disclose your protected health information to other third party providers involved in your audiological/health care. For example, your protected health information may be provided to a physician or other audiological/health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other audiological/health care provider has the necessary information to diagnose or treat you.

2. Payment

We may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program, or third party payers. This may include certain activities that your health insurance plan may undertake before it approves or pays for the audiological/health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may provide your health plan with medical information about the audiological/health care services Helton Hearing Care rendered to you for reimbursement purposes.

3. Audiological/Health Care Operations

We may use and disclose your protected health information for audiological/health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to audiologists, physicians, nurses, technicians, medical students, and other personnel for educational and learning purposes.

4. Treatment Communications

We may provide treatment communications concerning treatment alternatives or other health related products or services. For communications for which we or a business associate may receive financial remuneration in exchange for making the communication, we must obtain written authorization unless the communication is made face-to-face and/or involving promotional gifts of nominal value. If you do not wish to receive these communications please submit a written request to our Privacy Officer, Gee Helton, Helton Hearing Care, 1008 N. 7th Ave. Suite H, Bozeman, MT 59715.

5. Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Helton Hearing Care.

6. Fundraising Activities

We may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by Helton Hearing Care. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to our Privacy Officer, Gee Helton, Helton Hearing Care, 1008 N. 7th Ave. Suite H, Bozeman, MT 59715.

7. Others Involved in Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Also, for example, if you are brought into this office and are unable to communicate normally with your clinician for some reason, we may find it is in your best interest to give your hearing instrument and other supplies to the friend or relative who brought you in for treatment. We may also use and disclose protected health information to notify such persons of your location, general condition, or death. We also may coordinate with disaster relief agencies to make this type of notification. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up your hearing instruments, supplies, records, or other things that contain protected health information about you.

8. Required by Law

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

9. Public Health

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

10. Business Associates

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

11. Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

12. Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the audiological/health care system, government benefit programs, other government regulatory programs and civil rights laws.

13. Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

14. Employers

We may disclose your protected health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

15. Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required by law.

16. Legal Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

17. Law Enforcement

We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

18. Coroners, Funeral Directors, and Organ Donation

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

19. Research

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

20. Serious Threat to Health or Safety

Consistent with applicable federal and state laws, we may disclose your protected health information to prevent or lessen a serious threat to your health and safety or to the health and safety of another person or the public.

21. Military Activity and National Security

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your protected health information to authorized officials so they may carry out their legal duties under the law.

22. Workers' Compensation

We may disclose your protected health information as authorized for workers' compensation or other similar programs that provide benefits for a work-related illness.

23. For Data Breach Notification Purposes

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

24. Required Uses and Disclosures

Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes for which we or a business associate may receive remuneration; and
2. Disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that Helton Hearing Care has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. Right to be Notified if there is a Breach of Your Protected Health information

You have the right to be notified upon a breach of any of your unsecured protected health information.

2. Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in your medical and billing records and any other records that Helton Hearing Care uses for making decisions about you. To inspect and copy your medical information, the request must be submitted in person. We may charge you a reasonable fee for the costs of copying, mailing (via FedEx only) or other costs incurred by us in complying with your request. Processing requires two business days. Records will be released to you (patient) only, after verification of a driver's license or state issued ID (The record may be released to your family member if a valid power of attorney is presented, along with your valid driver's license or state issued ID). Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, we may deny your request to inspect

and/or copy your protected health information. A decision to deny access may be reviewable. Please contact our Privacy Officer, Gee Helton, at (406) 586-0914 or info@heltonhearing.com if you have questions about access to your medical record.

3. Right to Request Restrictions

You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment, or our payment or health care operation activities. However, we are not required to agree to your requested restriction and, even if we agree to the requested restriction, we are permitted to use your information without complying with the restriction if necessary to treat you in an emergency situation. To request restrictions, please submit your request in writing to Helton Hearing Care, 1008 North 7th Avenue, Bozeman, MT 59715. In your request, you 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, for example, disclosures to your spouse

4. Right to Request Confidential Communication

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. You must request this by submitting a written request to our Privacy Officer, Gee Helton, Helton Hearing Care, 1008 N. 7th Ave. Suite H, Bozeman, MT 59715. Your request must specify how or where you wish to be contacted.

5. Right to Request Amendment

You may request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Helton Hearing Care;
- Is not part of the information that you would be permitted to inspect and copy; or,
- Is accurate and complete.

We will respond to your request in writing within sixty (60) days of your written request. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

6. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. You must request for an accounting of disclosures by submitting a written request to our Privacy Officer, Gee Helton, Helton Hearing Care, 1008 N. 7th Ave. Suite H, Bozeman, MT 59715, and provide the reason(s) that support your request. We will provide you with the list within sixty (60) days of receipt of your request, unless you agree to a thirty (30) day extension. There is no charge to you for the list, unless you request such a list more than once a year.

7. Right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice even if you have agreed to receive this notice electronically. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, you can contact our Privacy Officer, Gee Helton, at (406) 586-0914 or info@heltonhearing.com. You may also obtain a copy of this Notice at www.heltonhearing.com.

COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with us, please contact our Privacy Officer, Gee Helton, at (406) 586-0914 or info@heltonhearing.com or the Corporate Privacy Officer at the address listed below. All complaints must be submitted in writing. Helton Hearing Care will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The new Notice will be effective for all health information we already have about you as well as any information we receive in the future. You can also obtain a revised Notice at www.heltonhearing.com or by contacting our Privacy Officer, Gee Helton, Helton Hearing Care, 1008 N. 7th Ave. Suite H, Bozeman, MT 59715.

Helton Hearing Care
Attn: Corporate Privacy Officer

WEBSITE

This Notice will be posted on our website: <http://www.heltonhearing.com>.