



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY ADVANCED HEARING AIDS, INC. AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- I. **Who will follow this notice:** This notice describes Advanced Hearing Aids, Inc. practices and also that of our employees. It includes services based at our Vancouver Clinic and our Kelso facility.
- II. **We have a legal duty to safeguard your protected health information (PHI).** We are legally required to protect the privacy of your health information. We call this "Protected Health Information," or PHI. This information includes information that can be used to identify you from information we have received or created about your past, present, or future health or condition, the provision of care you receive from us, or the payment of such care. Our employees are required to maintain the confidentiality of your PHI, and we have policies, procedures, and safeguards to help protect your PHI from improper use or disclosure. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are outlined in this notice.

We reserve the right to change this notice and our privacy policies. Any changes will apply to PHI we already have. Before we make an important change to our policies, we will change this notice and post a new notice in the waiting area of our facility. You can also request a copy of this notice from our receptionist at any time.

- III. **How we may use and disclose your protected health information (PHI).** The following categories describe different ways in which we may use and disclose your PHI. Below, we describe different categories of our uses and disclosures and give some examples of each category.

1. **For Treatment:** This is the most important use and disclosure of your PHI. Our employees use and disclose your PHI to diagnose, evaluate, coordinate, and manage your care. We may disclose your PHI with providers outside of our system involved in your treatment, such as medical doctors or hearing instrument manufacturers.
2. **For Payment:** We may use and disclose your PHI in order to bill and collect payment for services and equipment provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for services rendered. We may provide demographic and service information to WA State Labor & Industries, other claims departments, and our service providers such as hearing instrument manufacturers.
3. **For Operations:** We may disclose your PHI to our accountant, attorney, consultants, and others in order to make sure we are complying with laws that affect us. We may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **For Appointment Reminders:** We may use and disclose your PHI to contact you to remind you of your appointments.
5. **For Treatment Alternatives:** We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **To Business Associates:** We may contract with business associates to perform certain functions or activities on our behalf such as payment and health care operations, repairs, purchase, or consultations. The business associates must agree to safeguard your PHI.
7. **For Disaster Relief:** We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.
8. **For Public Health Activities:** Many functions performed or authorized by government agencies promote and protect the public's health and may require us to disclose your PHI. For example, we have an obligation to report certain diseases or exposure to disease, injuries, conditions, and vital events such as death. We may use and disclose your PHI as needed to comply with federal and state laws governing workplace safety.
9. **For Health Oversight:** As a health care provider, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities, and in that process they may review your PHI.
10. **For Worker's Compensation:** We may use or disclose your PHI to comply with Worker's Compensation laws by providing information to

administrators, insurance carriers, or others responsible for evaluating your claim for benefits.

11. **For Military Activity and National Security:** We may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to carry out military missions. We may also disclose your PHI to authorized federal officials for national security and intelligence activities or for protection of the President and other government officials and dignitaries.
12. **As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law.
13. **For Law Enforcement:** We may disclose PHI to authorized officials for law enforcement purposes. For example, to respond to a search warrant, report a crime on our premises, or help identify or locate someone.
14. **For Serious Threat to Health or Safety:** If we believe it is necessary to avoid a serious threat to your health or safety or to someone else's. We may also disclose your PHI to appropriate authorities to report or identify suspected victims of abuse, neglect, or domestic violence.
15. **Inmates:** Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to them for certain purposes, for example to protect your health or safety or someone else's.

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. You may revoke that authorization by notifying us in writing at any time. The revocation will not apply to any authorized use or disclosure that took place before we received your revocation.

IV. What rights you have regarding your PHI.

1. **The right to see and get copies of your PHI:** In general, you have right to see receive copies of the PHI in your health or billing records. If you wish to receive such records, please write to us at: Privacy Officer, 6612 E. Mill Plain Blvd., Vancouver, WA 98661. We will provide copies of your health information usually within 30 days of your request. We may charge a reasonable cost-based fee, as allowed by Washington State law.
2. **The right to correct or update your PHI:** If you believe there is a mistake in your PHI or that important information is missing, you may request in writing that we amend the record. Send your request to: Privacy Officer, 6612 E. Mill Plain Blvd., Vancouver, WA, 98661. We may deny your request for an amendment if it is not

in writing or does not include a reason to support the request.

3. **The right to an accounting of disclosures:** You may ask for a list of disclosures of your PHI. Write to us at Privacy Officer, 6612 E. Mill Plain Blvd., Vancouver, WA, 98661. The list will not include disclosures we have made for treatment, payment, and health care operations, disclosures that occurred prior to April 14th, 2003, disclosure that was sent with your authorization, disclosures of your PHI to you or your family, or disclosure to persons involved in your care.
4. **The right to request limits on uses and disclosures of your PHI:** Advanced Hearing Aids, Inc. will attempt to honor your right to limit the use of your PHI, but may not be able to meet all requests. You may not limit the uses and disclosures that we are legally required or allowed to make.
5. **The right to request confidential communications:** You have the right to request that we send information to you to an alternate address or by alternate means (for example e-mail instead of regular mail). When we can reasonably and lawfully agree to your request, we will. We are permitted to charge you for any additional costs incurred by granting your request.
6. **The right to a paper copy of this notice:** You have the right to request a paper copy of this written notice. You may ask us to give you a copy of this notice at any time.

V. **How to contact us about this notice or to complain about our privacy practices:** If you have any questions about this notice or want to lodge a complaint, please contact our Privacy Officer. You may also notify the Secretary of the Department of Human Services. All complaints must be submitted in writing to Privacy Officer, 6612 E. Mill Plain Blvd., Vancouver, WA, 98661. You will not be penalized for filing a complaint.

VI. **This notice is effective as of April 14th, 2003.**

VII. **Acknowledgement:** By signing and dating this notice, I hereby acknowledge that I have received a copy of Advanced Hearing Aids, Inc. "Notice of Privacy Practices."

____ **I have declined a copy of this notice.**

____ **I have received a copy of this notice.**

Name

Today's Date