

## Notice of Privacy Practices

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.

**Audiology Innovations, Inc.**, is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices, please contact: Audiology Innovation at 13127 66th Street N., Largo, Fl 33773 727-724-4282. Effective Date of This Notice: June 1, 2010.

### I. How Audiology Innovations, Inc., may Use or Disclose Your Health Information

**Audiology Innovations, Inc.**, collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of **Audiology Innovations, Inc.**, but the information in the medical record belongs to you. **Audiology Innovations Inc.**, protects the privacy of your health information. The law permits **Audiology Innovations, Inc.**, to use or disclose your health information for the following purposes:

1. Treatment. If another treatment provider is treating you, we may discuss your case in order to coordinate care between us. The kinds of health care information we may disclose about you in such circumstances could include your diagnosis, hearing test results, etc...
2. Payment. If you are covered by health insurance we may disclose diagnostic treatment details to your insurance provider in order to obtain payment for services rendered.
3. Regular Health Care Operations. An example of regular health care operations that can occur would be: your medical records may be randomly inspected by people who conduct quality assurance reviews to ensure that high standards of care are being maintained.
4. Information provided to you. You have the right to access your health information by completing a request for patient access to health information form.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public

health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
12. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or **Audiology Innovations, Inc.**, privacy board.
14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits (only for health plans) purposes. (Note that disclosures for government benefits purposes are limited to health plans only.)
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
17. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
18. Change of Ownership. In the event that Audiology Innovations, Inc., is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When **Audiology Innovations Inc.**, May Not Use or Disclose Your Health Information  
Except as described in this Notice of Privacy Practices, **Audiology Innovations, Inc.**, will not use or disclose your health information without your written authorization. If you do authorize **Audiology Innovations, Inc.**, to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. **Audiology Innovations, Inc.**, is not required to agree to the restriction that you requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. (This requires requests in writing; specification of method; payment for method, as applicable.)
3. You have the right to inspect and copy your health information.

4. You have a right to request that **Audiology Innovations, Inc.**, amend your health information that is incorrect or incomplete. **Audiology Innovations, Inc.**, is not required to change your health information and will provide you with information about Professional Audiology Associates' denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by **Audiology Innovations, Inc.**, except that **Audiology Innovations, Inc.**, does not have to account for the disclosures described in parts 1 (Treatment), 2 (Payment), 3 (health care operations), 4 (information provided to you), 5 ( directory listings and 16 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

**Audiology Innovations, Inc., 13127 66th Street N., Largo, Fl 33773 727-724-4282**

#### IV. Changes to this Notice of Privacy Practices

**Audiology Innovations, Inc.**, reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made,

**Audiology Innovations, Inc.**, is required by law to comply with this Notice.

Revised Notice of Privacy Practices will be displayed in the waiting room when amended as well as the patient will be notified at time of visit.

#### V. Complaints

Complaints about this Notice of Privacy Practices or how **Audiology Innovations, Inc.**, handles your health information should be directed to:

**Audiology Innovations, Inc., 13127 66th Street N., Largo, Fl 33773 727-724-4282**