

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.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

ABOUT THIS NOTICE

Hearing Healthcare of Havasu is committed to protecting your health information. As required by federal regulation, this Notice of Privacy Practices 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/healthcare operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our responsibilities with respect to your protected health information. “Protected health information” is data that may identify you and that relates to your past, present or future physical or mental health/condition and related audiological/healthcare services. The information is documented in a patient record and on a computer based system. The patient chart may include documentation of results, diagnoses, treatment, and treatment plan. Our office 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 us at (928) 732-0888 or audiology@havasuhearinghealthcare.com.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Our office is permitted by federal law to use and disclose your information for purposes of treatment, collection of payment, healthcare operations and other purposes. The following categories describe the different ways that we may use and disclose your protected health information. These examples are used to illustrate the types of uses and disclosure that may be made, but are by no means an exhaustive list.

1. Treatment

We can use or share your health information to provide, coordinate, or manage care with other professionals who are also treating you. **For example**, your health information may be shared with a healthcare provider treating you or to whom you have been referred, to ensure that the provider has the necessary information to properly diagnose or treat you.

2. Payment

We may use or share your health information in order to bill you, your health insurance company, government program, third party payor, or other entities for the treatment and healthcare services you receive in our office. **For example**, we may provide your health insurance company with information about you and the audiological/health care services provided to you by Hearing Healthcare of Havasu for the purpose of reimbursement.

3. Audiological/Healthcare Operations

We may use or share your health information for audiological/healthcare operations and management purposes. These uses and disclosures are for the purpose of quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, creation of training materials, credentialing, medical review, legal services,

and insurance. **For example**, we may use your health information to manage the care and services you receive and ensure quality by evaluating the performance of our team members when caring for you.

4. Public Health and Safety Concerns

We may use or share your health information for public health activities and purposes. The disclosure may be to a public health authority that is permitted by law to collect or receive information. Disclosure may be for situations, such as:

- a. Preventing/controlling disease, injury or disability
- b. Helping with product recalls
- c. Reporting suspected abuse, neglect, or domestic violence
- d. Preventing or reducing serious threat to anyone's health or safety

5. Required by Law

We may use or share your protected information about you if state or federal law requires it. That may include the Department of Health and Human Services if we are required to provide proof that our clinic is complying with federal privacy law.

6. Research

We may use or share your health information for health research that has been approved by the institutional review board ensuring the privacy of protected health information.

7. Workers' Compensation, Law Enforcement, and Other Government Requests

We may use or share your health information for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies or with a law enforcement official, for special government functions such as military, national security, and presidential protective services.

8. Funeral Directors, Coroners, and Organ Donation

We may use or share your health information with a coroner, medical examiner, or funeral director for identification purposes or to perform other respective duties as authorized by law. Health information may also be used and disclosed for organ donation purposes.

9. Legal Proceedings

We may use or share your health information in the course of any administrative or judicial proceeding, in response to a court or administrative order, or in response to a subpoena.

10. Data Breach Notification

We may use or share your information for the purpose of providing legally required notices if unauthorized access or disclosure of your health information were to occur.

11. Individuals Involved in Your Healthcare

We may share and disclose your health information with your family, close friends, or others involved in your care, unless you object. We will ensure that we share only information that pertains to the individual's involvement in your care. If you are unable to object or agree to information being shared, we may do so if it is our professional opinion that it is in your best interest. **For example**, *if you are unconscious or unable to communicate, we may proceed with sharing your information with whomever*

accompanies you to the clinic. If we find it in your best interest we may also allow another individual to act on your behalf to drop off/pick up your hearing devices and accessories/supplies, and records, when necessary. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

12. Fundraising

We may contact you using your demographic information for fundraising efforts, but you can choose to opt out of fundraising activities by contacting our clinic. You can submit a written request to Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com.

USES AND DISCLOSURES REQUIRING WRITTEN PERMISSION

In the following cases, we will not share your information unless written permission is given:

1. Marketing purposes for which our clinic or a business associate may receive remuneration.
2. Sale of your health information.

YOUR PROTECTED HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of Hearing Healthcare of Havasu. However, the information in it is yours. Therefore, you have the right to:

1. Obtain Records

You have the right to see and obtain an electronic or paper copy of the health information in your medical record, billing records, and any other information we have of yours. To see and obtain a copy of your medical information, you may submit a request in writing to Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com. We will provide a copy or a summary of your health information within 30 days of the request. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred to comply with your request. We may deny your request to inspect and/or copy your protected health information.

2. Request an Amendment

You have the right to request that an amendment be made to the protected health information contained in your medical and billing records if you feel that the information is incorrect or incomplete. You must request for an amendment can be submitted in writing to Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com. Please provide the reason(s) that support your request. We may deny your request for an amendment and will communicate that to you in writing within 60 days.

3. Request Confidential Communication

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You can specify what is best for you (for example, home or office phone or to send mail to a different address). We will accommodate reasonable requests. Please submit your request in a written format to You must request this by submitting a written request to Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com.

4. Request Restrictions

You have the right to request that we do not use or share certain health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Please submit your request in a written format to You must request this by submitting a written request to Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com. You will need to indicate what restriction you are requesting and where you want the restriction to apply. We are not obligated to agree with a restriction, unless you pay for a service or healthcare item out-of-pocket in full and you request that we do not share the information with your health insurer.

5. Request Accounting of Disclosures

You have the right to obtain a list (accounting) of the times we have shared your health information for up to six years prior to the date of your request. This applies to disclosures except for those about treatment, payment or healthcare operations as described in this Notice. The right to receive this information is subject to certain exceptions (such as any disclosure you asked us to make), restrictions and limitations. We will provide one accounting at no cost but will charge a reasonable cost-based fee if you ask for another one within 12 months. You must request for an accounting of disclosures by submitting a written request to Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com.

6. Obtain Paper Copy of this Notice

You have the right to obtain 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 by contacting Hearing Healthcare of Havasu at (928) 732-0888 or by email at audiology@havasuhearinghealthcare.com.

7. Complaints or Questions

You have the right to file a complaint if you feel that we have violated your rights. You may file your complaint by contacting our office by phone at (928) 732-0888, in person at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or by email at audiology@havasuhearinghealthcare.com. Please note that complaints need to be submitted in writing and you may also submit a complaint to the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Hearing Healthcare of Havasu will not retaliate against you for filing a complaint.

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this Notice at any time, and the changes will apply to all your health information we have about you. The most up to date Notice will be available at www.HavasuHearingHealthcare.com or can be obtained by contacting Dr. Karla Navarro at 1945 Mesquite Ave. Suite D Lake Havasu City, AZ 86403 or audiology@havasuhearinghealthcare.com.

This Notice is effective as of April, 2024.