

Fox Valley Hearing Center, Inc.

Notice of Privacy Practices

The Notice of Privacy Practices is required by the Privacy Regulations stemming from the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 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.

This practice is determined to protect the privacy of your medical information. As we provide service, we create and store health information (a medical record) that identifies you. It is often necessary to share or disclose this information to provide treatment, to obtain payment, and to conduct health care operations in our office.

This Notice of Privacy Practices requires us to:

1. Keep your medical records private and provide you with this notice
2. Update our privacy practices and the terms of this notice at any time, ensuring our notice is effective, even for information recently obtained

We reserve the right to make an important change in our privacy practices and change this notice to that effect. You may contact us to request a new copy of our notice, and we will make the new notice available upon request or it may be found on our website.

The following are descriptions of the different circumstances that may require our practice to use or disclose your medical information:

1. Sharing medical data with another provider who is responsible for your care (physicians, audiologists, nurses, any other health care professionals, technicians, students in health care, or any other people who take care of you), making referrals, and/or placing lab or prescription orders.
2. Sharing with your health insurance plan information about a treatment you received at our practice when filing a claim for reimbursement or determination of benefits.
3. Sharing with business associates to perform functions on our practice's behalf, if the business associate has signed an agreement to protect the confidentiality of the information. For example, we may use another company to do our billing or a consulting service.
4. Sharing information about your condition(s), location, and/or death with family member(s) or your personal representative(s). Prior permission from you will be obtained unless in case of emergency. If we are unable to obtain permission, we will share only the health information directly necessary for your health care.
5. Provide communication concerning treatment alternatives or other health-related products or services, unless we or a business associate receive financial remuneration in exchange for the communication, in which case we must receive your written

authorization, unless the communication is made face-to-face or involves gifts of nominal value.

6. Disclosing medical information to a medical examiner to identify a deceased person or to determine the cause of death, or for tissue donations.
7. Medical information may be disclosed if you are military personnel (active or veteran) and if required by the appropriate authorities.
8. Sharing medical data with the public health and/or law enforcement official whose job it is to prevent/control disease, injury, or disability.
9. Sharing medical data with a representative from the Food and Drug Administration for the purpose of reporting adverse effects stemming from defective products, etc.
10. When necessary to comply with workers' compensation.
11. In response to a court and/or administrative order in a lawsuit or similar proceeding.
12. If a use or disclosure is required by law, the disclosure will be made in compliance with the law and will be limited to such requirements. State and federal laws may be more stringent and may prohibit certain uses and disclosures identified above. When another law is more stringent than HIPAA, we will follow the more stringent requirements.

You have individual rights as part of this Notice of Privacy Practices. As a patient of an AudigyCertified™ practice, you have the right to:

1. Request that our practice restrict uses/disclosures of your health information. However, we are not required to agree to the requested restriction unless you request a restriction on the use/disclosure of your protected health information to a health plan for payment or health care operations and such information pertains to a health care item or service which you paid for in full or out of pocket.

These requests should be made in writing to the address given in this Notice of Privacy Practices. In your request, you must tell us: a) what information you want to limit; b) whether you want to limit our use, disclosure, or both; and, c) to whom you want the limits to apply.

2. Be notified upon a breach of any of your unsecured protected health information.
3. Request that we communicate with you regarding your confidential medical information by different means or at different locations. This request must be made to our practice in writing.
4. Request photocopies of your medical records on file and/or a copy of this Notice of Privacy Practices. If you need a photocopy, please notify the receptionist.

5. Request a change to your health information if you think it is incomplete or inaccurate. However, if the audiologist, hearing health care professional, or office personnel believe the patient's health information is complete and accurate, he/she can refuse to make the requested changes. This request must be made in writing to your AudigyCertified practice.
6. Receive a list of all the times your medical information has been shared by our office or our business associates for six years prior to the request date, other than treatment, payment, health care operations, and/or other specified exceptions.
7. Request a paper copy if you have received this Notice of Privacy Practices electronically.
8. You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

This notice shall be effective as of May 2017.

According to HIPAA regulations, you have the right to restrict the uses or disclosures of your information made for purposes of treatment, payment, and/or health care operations.

- Treatment is the provision, coordination, or management of hearing health care. For example, we may use/disclose your information to consult with a third party or to refer you to other health care providers. We will get your written consent prior to making disclosures outside our practice for treatment purposes, except in emergencies.
- Payment includes the activities necessary to obtain reimbursement for the provision of hearing health care. For example, we may need to give your health plan information about treatment you received at our practice so your health plan will pay us or reimburse you for the treatment.
- Health care operations include the activities necessary for our practice to run its business operations. For example, we may use your information to review treatment and services and to evaluate the performance of our staff.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT US AT:

Fox Valley Hearing Center, Inc.
1820 West Pointe Dr
Oshkosh, WI 54902
Name: Dr. Candy McGinnis
Phone: 920.233.1800
Fax: 920.232.1538

If your concern is not resolved, you may also submit a written complaint to the U.S. Department of Health and Human Services. If you choose to file a complaint, we will not retaliate in any way.