

# NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: MARCH 23, 2015

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## **Our Pledge Regarding Your Protected Health Information**

Biggert's Hearing Instruments is committed to protecting the privacy of protected health information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose protected health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your protected health information. We are required by law to: (i) make sure your protected health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your protected health information; and (iii) follow the terms of the Notice that is currently in effect.

## **Who Will Follow This Notice**

The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students, and volunteers of Biggert's Hearing Instruments.

## **How We May Use and Disclose Protected Health Information About You**

The following sections describe different ways we may use and disclose your protected health information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories:

**Treatment.** We may use and disclose protected health information about you 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.

**Payment.** We may use and disclose your protected health information so that the treatment and health care service you receive may be billed to you, your insurance company, a government program, or third party payors. 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 protected health information about the audiological/health care services Biggert's Hearing Instruments rendered to you for reimbursement purposes.

**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 may also disclose information to audiologists, physicians, nurses, technicians, medical students, and other personnel for educational and learning purposes.

**Fundraising Activities.** We may contact you to provide information about Biggert's Hearing Instruments-sponsored activities, including fundraising programs and events to support research, education, or patient care at Biggert's Hearing Instruments. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which you received treatment or services at Biggert's Hearing Instruments, your treating audiologist's name, your treatment outcome, and your health insurance status. If you want to opt-out of these communications, you may contact us to make that request.

**Additional Uses and Disclosures of Your Protected Health Information.** We may use or disclose your protected health information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives;
- To inform you of benefits or services we may provide;
- In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can be notified of your condition and location;
- As required by state and federal law;
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person;
- To authorized federal officials for intelligence, counterintelligence, or other national security activities;
- To coroners, medical examiners, and funeral directors, as authorized or required by law as necessary for them to carry out their duties;
- To the military if you are a member of the armed forces and we are authorized or required to do so by law;
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses;

- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons;
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation, or donation;
- To governmental, licensing, auditing, and accrediting agencies;
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials;
- To third parties referred to as “business associates” that provide services on our behalf, such as billing, software maintenance, and legal services;
- Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify;
- For public health purposes;
- To courts and attorneys when we get a court order, subpoena, or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us; or
- To law enforcement officials as authorized or required by law.

**Other Uses of Protected Health Information.** Other uses and disclosures of protected health information not covered by this Notice will be made only with your written authorization. Most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your protected health information for these purposes. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your protected health information without your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action, and we cannot take any disclosures we may have already made with your authorization.

### **Your Rights Regarding Protected Health Information About You**

The records of your protected health information are the property of Biggert’s Hearing Instruments. You have the following rights, however, regarding protected health information we maintain about you.

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party.

You are required to submit your request in writing to your caregiver or the appropriate medical records department. We may deny access, under certain circumstances. You may

request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

**Right to Request an Amendment.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by Biggert’s Hearing Instruments in your medical and billing records or any other of our records that are used by us to make decisions about you.

You are required to submit your request in writing to the Biggert’s Hearing Instruments Privacy Officer as explained at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. With your assistance, we will notify others who have the incorrect or incomplete protected health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the protected health information (i) was not created by Biggert’s Hearing Instruments (unless the person or entity that created the protected health information is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for Biggert’s Hearing Instruments; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is determined by us to accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to receive a list of the disclosures we have made of your protected health information in the seven years prior to your request. This list will not include every disclosure made, including those disclosures made for the treatment, payment, and health care operations purposes.

You are required to submit your request in writing to the Biggert’s Hearing Instruments Privacy Officer as explained at the end of this Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations.

To request a restriction, you must tell your caregivers or contact the Biggert’s Hearing Instruments Privacy Officer using the contact information listed at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. If you request that we not disclose certain protected health information to your health insurer and that protected health information relates to a health care product or service for which we, otherwise, have received payment from you or an your behalf, and in full, then we must agree to that request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. If you

want us to communicate with you in a special way, you will need to give us details about how to contact you. You also will need to give us information as to how billing will be handled. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

**Right to be Notified in the Event of a Breach.** We will notify you if your protected health information has been “breached,” which means that your protected health information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. A copy of this Notice will be available in the reception/waiting area. You may also request a copy by contacting the Biggert’s Hearing Instruments Privacy Officer as explained at the end of this Notice, or you may obtain an electronic copy at the Biggert’s Hearing Instruments website: [biggertshearing.com/patientforms](http://biggertshearing.com/patientforms).

### **Future Changes To Biggert’s Hearing Instruments’ Privacy Practices and This Notice**

We reserve the right to change Biggert’s Hearing Instruments’ privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the Biggert’s Hearing Instruments website, [biggertshearing.com/patientforms](http://biggertshearing.com/patientforms). In addition, at any time you may request a copy of the Notice currently in effect.

**Use of email.** If you choose to communicate with us via email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your email. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with the use of email, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others, or messages stored on portable electronic devices that have no security.

Additionally, you should understand that the use of email is not intended to be a substitute for professional medical advice, diagnoses, or treatment. Email communications should never be used in a medical emergency.

### **Questions or Complaints**

If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please send any complaint to the Biggert’s Hearing Instruments Privacy Officer at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. ***You will not be penalized for filing a complaint.***

### **If you have questions or would like further information about this Notice, please contact:**

Attn: Privacy Officer  
Biggert’s Hearing Instruments  
303 S Church Street  
Hendersonville, NC 28792  
Phone: (828) 692-0353  
Fax: (828) 692-0678  
Email: [biggertshearing@att.net](mailto:biggertshearing@att.net)