

ALL EARS AUDIOLOGY, INC.

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.

WHO DOES THIS NOTICE APPLY TO?

This notice describes the practices of our employees and staff as well as other independent contractors such as medical transcriptionists and others that are part of our healthcare operations. In addition, your healthcare plan, insurance company and/or HMO and other affiliated covered entities may share medical information with each other for treatment, payment and healthcare operation purposes described in this notice.

OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand your medical information is personal and we are committed to protecting the privacy of medical information. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to: Keep your medical information private; Provide you with a copy of this notice; Follow the terms of this notice; Notify you if we are unable to agree to a restriction that you have requested; Accommodate reasonable request by you for us to communicate your health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you for your treatment (such as sending medical information about you to your primary physician and other specialists as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our healthcare operations (for example, we sometimes arrange for auditors or other consultants to review our practices, evaluate our operations, and tell us how to improve our services).

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS

We will use your health information for treatment. For example: Information received by our staff or other member of your healthcare team will be written in your medical record and used to determine your course of treatment. We will also provide your other physicians or a subsequent healthcare provider with copies of reports to assist him/her in treating you. We will use your health information for payment. For example: We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. We may need to give a payer information about your current medical condition so that it will pay us for services that we have furnished you. We will use your health information for regular healthcare operations. For example, we may use and disclose your health information to review the quality of services provided to you.

HOW YOUR INFORMATION WILL BE USED

We may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure is listed. We may contact you for your appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services for you. Required disclosures: We are required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described below. We may release medical information about you to a family member, friend, or any other person involved in your medical care. This includes people and organizations that are part of your "circle of care" –such as your spouse, your other doctors, or an aide who may be providing services to you. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation we may make these uses and disclosures without your agreement. We may also give information to those you identified as responsible for payment. We may share your medical information – without your prior authorization – for the following purposes: Research – We may use and disclose medical information about you for research

purposes. All research projects are subject to a special approval process through the appropriate hospital committee. Law – We may disclose medical information when required by law, a request from law enforcement or in response to a valid judicial or administrative order. Public Health – We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law. Business Associates – There are some services provided in our organization through contracts with business associates (i.e. We may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the healthcare services we provide). To protect your health information, we require the business associate to appropriately safeguard your information. Notification – We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. Funeral Directors – We may disclose health information to funeral directors consistent with applicable law for them to carry out their duties. Organ Donation – We may disclose health information to organ procurement organizations or other entities for the purpose of tissue donation and transplant consistent with applicable law. Food and Drug Administration (FDA) – We may disclose to the FDA health information relative to adverse events. Workers' Compensation – We may disclose health information necessary to comply with laws relating to Workers' Compensation or other similar programs established by law. Correctional Institution – Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals. State Requirements – The state has requirements for reporting including population-based activities relating to improving health or reducing health care costs.

OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information. If you choose to authorize us to use or disclose your health information, you can later withdraw authorization by notifying us in writing, except information previously disclosed based on your initial authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although your health record is our property, you have the right to: Request a restriction, in writing on certain uses or disclosures of your medical information for treatment, payment or healthcare operations, with the exception of emergency situations. We will consider your request, but we are not legally required to agree to a requested restriction. We will inform you of our decision in writing. Inspect and obtain a copy of your medical record if you believe the information in your medical record is incorrect or important information is missing. We could deny your request to amend a medical record if the information was not created by us, maintained by us, or if we determine the medical record is accurate. You may appeal our decision not to amend your medical record. Obtain an accounting of disclosures stating who your health information was disclosed to for purposes other than treatment, payment, and healthcare operations or where you specifically authorized a use or disclosure in the past six years. The request must be in writing and state the time period desired for the accounting. After the first request, there will be a charge. Request in writing indicating how and where you wish to have medical information communicated to you in a confidential way or at an alternative location. All written requests or appeals, or amendments should be submitted to our Privacy Official listed in this notice.

CHANGES TO THIS NOTICE

We have the right to change this notice at any time. We have the right to make the revised or changed notice effective for medical 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. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register at the office.

COMPLAINTS

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact us at (714) 927-7888. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave., S.W. Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage that you receive.