



## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by Ascent Hearing Center and how you can get access to this information. **Please review it carefully.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, and health care operations and for other purposes that are permitted or required by law. PHI for purposes of this Notice, is generally any information that identifies you and is created, received, maintained, or transmitted by us in the course of providing health care items or services to you. This Notice also describes your rights and our duties with respect to your PHI.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### Our Uses and Disclosures

**Treatment:** This includes providing services to you; coordinating your care with other providers; sending you appointment reminders and information about new or alternative treatments; and consulting with others, including hearing aid manufacturer representatives, to assist in the selection, fitting, programming, or adjustment of your hearing aids.

**Payment:** This includes billing for services provided to you so that payment may be obtained from you, an insurance company or health plan, or other third parties, or collecting unpaid amounts.

**Health Care Operations:** This includes activities that allow us to run our business and to ensure that you receive quality care, such as quality assessment, performance reviews, business planning, and training programs.

**Other Health-Related Communications:** This includes sending you information about health-related products or services we provide that we believe may benefit your hearing health care and similar communications as allowed by law.

**We may use or disclose your protected health information in the following situations without your authorization:** These situations include; as Required by Law, Public health reporting activities, Health Oversight activities, Abuse or Neglect, Food and Drug Administration Requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Criminal Activity, Military and National Security, Workers Compensation. Under the law we must make disclosures to you and when required to the Secretary of the Department of Health and Services to investigators or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures:** The use or disclosure of your PHI for marketing purposes or sale of your PHI is prohibited unless you have given us prior written authorization. “Marketing” does not include face-to-face communications or promotional gifts of nominal value. Other uses and disclosures of your PHI will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization at any time, in writing, except to the extent that your provider or provider’s practice has acted in reliance on the use or disclosure indicated in the authorization.

## **Your Rights**

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your PHI 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 of Privacy Practices. Your request must be in writing and state the specific restriction and with whom you want the restriction to apply. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

**You have the right to request to that we communicate with you in a certain way.** Your request must be in writing and specify the alternative means you would like us to communicate confidential information to you. All reasonable requests will be accommodated.

**You have a right to inspect and get a copy of your protected health information.** You must make your request in writing. If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of such record be given to you or transmitted to another person or entity. We may charge you a reasonable cost-based fee for providing a paper copy or transmitting an electronic record.

**You have the right to have your physician amend your protected health information.** If you believe that some PHI we have is incorrect or incomplete, you may request, in writing, that we amend the information. If we deny your request, we will send the denial in writing, including the reasons and the steps you may take in response.

**You have the right to receive an accounting of certain disclosures we have made of your protected health information, if any.** With some exceptions, you have a right to request, in writing, a list of disclosures of your PHI made by us or our business associates. This does not include disclosures made for treatment, payment, or health care operations purposes.

**We reserve the right to change this Notice and make the new Notice apply to PHI we already have as well as any information we receive in the future. A revised Notice will be posted at our facilities and on our website.**

If you believe your privacy rights have been violated or you disagree with a decision about any of your rights, you may contact us or the Secretary of the U.S. Department of Health and Human Services – Office of Civil Rights (OCR) to file a complaint. For more information go to: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You will not be retaliated against for filing a complaint.

You may contact our Privacy Officer at:

Alison Malan  
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Simi Valley, CA 93065  
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