

## Notice of Privacy Practices

This Notice is effective as of July 12, 2017

Lifestyle Hearing Corporation (USA), Inc. is committed to protecting your privacy.

**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.**

### **Our Duty to Safeguard Your Protected Health Information**

We understand that your health information is personal and confidential. Be assured that we are committed to protecting that information. We are required by law to maintain the privacy of protected health information and to abide by the terms of this Notice. We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice and make paper and electronic copies of this Notice of Privacy Practices available up on request. We are required by law to promptly notify you in the event of a breach of your protected health information.

### **Your health information may be used and disclosed for the following purposes:**

**Treatment:** we may use your information to provide, coordinate, and manage your care and treatment. For example, our staff member may share your information with another health care provider for a consultation or a referral.

**Payment:** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, and/or your insurance company, or another third party. For example, we may need to give your health plan information about treatment you received so that your health plan will pay for or reimburse you for your treatment.

**Health Care Operations:** We may use and and/or disclose health information in the scope of operating our practice. For example, we may use your medical information in evaluating the quality of services provided, or disclose your billing information to our accountant or other professional for audit purposes.

**Appointment reminders and Other Health Information:** We may use your personal information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other hearing health care services.

**People Assisting in your care:** We may disclose protected information to those taking care of you, helping you to pay your bills or other close family members or friends if these people need to know this information to help you; and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a hearing device for you. If you are capable for making your own health care decisions, we will ask your permission before using your information for these purposes. If you are unable to make health care decisions, we may disclose relevant health information to family members or other responsible people if we feel it is in your best interest to do so, including an emergency.

**Your Medical Information may be released in the following special situations:** We may also use or disclose your information, without your permission, for the following purposes to the extent permitted or required by law:

\* Under emergency conditions to government or other groups assisting in emergencies or disasters;\* When required by law;\* For public health activities including, without limitation, to report disease and vital statistics, child abuse and adult abuse or neglect or domestic violence;\* For tissue and organ donation to organ procurement organizations;\* To a coroner or funeral director in the event of a death;\* For approved health care research;\* For health oversight activities, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;\* For judicial and administrative proceedings in response to a court order or subpoena;\* To avert a serious threat to health or safety;\* To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies and identifying and locating suspects or other persons;\* For certain specialized government functions, such as military discharge; \* To the military, to federal officials for lawful intelligence, counterintelligence; national security activities and to correctional institutions and law enforcement regarding persons in lawful custody; \* As authorized by the state's worker's compensation laws.\*

In all the situations described above, where required to do so by law, we will obtain your specific written permission prior to disclosing HIV-related information, mental health records, psychotherapy notes, drug or alcohol abuse records or any other type of record given explicit additional protections under applicable state law.

We will not share your information for marketing or sales without your authorization.

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We may contact you for fundraising efforts but you can tell us not to contact for that reason.

We will not use or share your information other than as described in this Notice unless you tell us we can in writing. If you grant permission for any other use or disclosure, you may change your mind at any time by letting us know in writing.

### YOUR RIGHTS

#### You have the following rights regarding medical information we maintain about you:

**Right to inspect and copy:** you have the right to inspect and receive a copy of your records containing health information. If you request a copy of your health information, please allow 48 hours to process the request. Photo identification will be requested prior to our release of the information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request to the extent permitted by state and federal law. We may deny your request to inspect and copy your information in certain very limited circumstances. If you are denied access to health information you may request that the denial be reviewed by another health care provider. We will comply with the outcome of the review.

**Right to Request Amendment:** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. Your request must be in writing and give a reason as to why your health information should be changed. If we approve the request for amendment, we will amend the medical information. If we deny your request, we will tell you in writing within 60 days. Any denial will state the reasons for denial and explain our rights to have the request and denial, along with any statement in response that you provide, appended to your medical information.

**Right to an Accounting of Disclosures:** You have the right to request a list of the times we've shared your health information. This list will not include disclosures for treatment, payment and health care operations; disclosures that you have authorized or that have been made by you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you. Any request for disclosures must be made in writing and can include a time frame not further back than six years from the date of the request. You may receive one free accounting in any 12- month period. We may charge you for any additional requests.

**Right to Choose a Representative:** You have a 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 outlined in this Notice. We will make sure the person has that authority before we take any action.

**Right to a Copy of this Notice:** You have the right to request a paper copy of this Notice of Privacy Practices.

**Right to Request Confidential Communications:** You have the right to ask us to contact you in a specific way (for example, only have us use your office phone number, or send mail to a specific address). We will agree to all reasonable requests.

**Right to Restrict Certain Disclosures:** You have the right to ask us not to share certain health information for treatment, payment or operations. We are not required to agree to your request. If you pay for your health care out-of-pocket, you have the right to ask us not to share that information with your health care insurer. We will agree unless a law requires us to share that information.

**Right to File a Complaint:** If you feel we have violated your privacy rights you may file a complaint by contacting our Privacy Officer at the number below. You may also file a complaint with the Secretary for the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

If you have questions about this Notice of Privacy or any complaints about our privacy practices, please contact our privacy Officer, either by phone, or in writing.

Kay Marlow, Privacy Officer  
1101 Brickell Avenue  
Level 17, North Tower  
Miami, FL 33131786-563-4010