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1901 South 72nd Street, Suite A-14 • Tacoma, WA 98408 • (253) 473-4394 • (253) 471-0743 Fax

## 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. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect your health information. We must follow the privacy practices outlined in this Notice while it is in effect. This Notice takes effect June 9, 2017 and will remain in effect until we replace it.

We reserve the right to make changes to our privacy practices at any time, provided such changes are permitted by law. When we make a significant change to our privacy practices, we will post the new Notice in our office and we will provide you a new copy at your request.

You may request a copy of this Notice at any time. For more information regarding our privacy practices please contact us using the information listed at the end of this Notice.

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## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or disclose your Protected Health Information (PHI) for different purposes including treatment, payment and health care operations as permitted by law. Below you will find the different ways we may use or disclose your information along with an example, where applicable. Some information may be entitled to special confidentiality protections under state or federal laws. We will abide by these special protections as they pertain to each case.

**TREATMENT:** We may use and disclose your PHI for your treatment. For example, we may discuss or disclose information with another provider or specialist to coordinate your care.

**PAYMENT:** We may use or disclose your PHI to obtain reimbursement for services, treatment, or Durable Medical Equipment (DME) received from us or another entity involved in your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company or other third party. For example, we may send claims to your health insurance plan containing PHI.

**HEALTHCARE OPERATIONS:** We may use or disclose your PHI in connection with our healthcare operations. For example, your medical records could be inspected to ensure quality, improve our processes, for training programs or licensing activities.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may disclose your PHI with family, friends or other individuals identified by you when they are involved in your care or payment of care. If a person has authority by law to make health care decisions for you, we will treat that person the same way we would treat you with respect to your information. For example,

**REQUIRED BY LAW:** We may use or disclose your PHI when we are required by law to do so.

**PUBLIC HEALTH:** As required by law we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; report child abuse or neglect; report reactions to medications or problems with products or devices; notify a person of a recall, repair or replacement of products or devices; notify a person who may have been exposed to a disease or condition; notify the

appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We may also disclose your information to appropriate persons to prevent or lessen a serious or imminent threat to the health or safety of a particular person or the public in general.

**SPECIALIZED GOVERNMENT FUNCTIONS:** We may disclose PHI to of Armed Forces personnel under certain circumstances. We may disclose PHI required for lawful intelligence, counterintelligence and other national security activities. We may also disclose PHI to correctional institutions or law enforcement having lawful custody of an inmate or patient. We may disclose to law enforcement for purposes permitted by HIPAA, as required by law, or in response to a subpoena or court order. We will disclose PHI to the Secretary of the US Dept. of Health and Human Services when required to investigate or determine compliance with HIPAA.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure, government health care system monitoring, government programs, and compliance with civil rights.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose your PHI in response to a court or administrative order in the course of an administrative or judicial proceeding.

**WORKERS COMPENSATION:** We may disclose your PHI as necessary to comply with laws relating to worker's compensation or similar programs.

**DECEASED PERSON:** We may disclose PHI to coroners, medical examiners, and funeral directors. For example, to determine the cause of death or identify a deceased person.

**RESEARCH:** We may disclose your PHI to researchers when their research has been approved by an institutional board or privacy board and has established protocols to ensure the privacy of your information.

**MARKETING:** We may contact you to provide you with appointment reminders, as well as to give you information about other treatments or health related benefits/services that may be of interest to you. If you do

not wish to receive such information, please let us know in writing that you would like to opt-out.

**CHANGE OF OWNERSHIP:** In the event Harbor Audiology & Hearing Services is sold or merged with another organization, your health information/record would become property of the new owner.

**OTHER USES AND DISCLOSURES:** We will obtain your written authorization prior to using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of your written request we will stop using or disclosing your information.

**YOUR HEALTH INFORMATION RIGHTS ACCESS:** You have the right to look at or get copies of your health information. Please bring or send your request in writing to the address below. If you request information that we maintain on paper, you may have access to a paper copy. If the information is maintained electronically you will be entitled to an electronic copy. We will charge you a reasonable cost-based fee for the cost of supplies, labor for copying, and postage if you want copies mailed to you.

**RIGHT TO REQUEST A RESTRICTION:** You have the right to request a restriction on our use or disclosure of your PHI by submitting a written request to the Privacy Officer. The written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purpose of carrying out payment or health care

operations, and the information is only for a health care item or service for which the practice has been paid in full.

**ALTERNATIVE COMMUNICATION:** You have the right to request that we communicate with you about your health information by a different means or at an alternative location. This requires a written request specifying the method and/or place.

**AMENDMENT:** You have the right to request that we amend your health information. Your request must be in writing and explain why the information needs to be amended. We are not required to make the requested changes and will provide you with a denial and how you can disagree with the denial.

**RIGHT TO NOTIFICATION OF A BREACH:** You will receive notifications of breaches that affect your unsecured PHI as required by law.

**QUESTIONS OR COMPLAINTS:** If you want more information about our privacy practices or questions or concerns, please contact the Privacy Officer.

If you are concerned that we may have violated your privacy rights or disagree with a decision, we made about access to your information or response to a request that you made you may complain to us using the contact information below. You also may submit a written complaint to the US Department of Health and Human services. We can provide that address at your request. We support your right to the privacy of your health information and will not retaliate in anyway should you decide to file a complaint either with us or with the US Department of Health and Human Services.

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**Contact: Privacy Officer of Harbor Audiology & Hearing Services, Inc.**

**Telephone:** (253) 851-3932

**Fax:** (253) 851-4216

**Address:** 4700 Point Fosdick Drive, Suite 212, Gig Harbor, WA 98335