



Notice of Privacy Practices (Effective Date: 09/01/2018)

Our practice keeps records of the care and services we provide to you in order to provide you with quality care and to comply with certain legal requirements. We recognize that your health information is personal and we have and always will respect your privacy. In that respect, we are required by law to maintain the privacy of your health information, provide you with this Notice of Privacy Practices (Notice) and follow the terms of the Notice that is currently in effect. Additionally, we are required to notify you following a breach of unsecured health information that affects you.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use and disclose your health information to diagnose, assess and treat your health condition and coordinate further management of your care. We also may disclose your health information to people outside our practice who may be involved in your healthcare, such as treating doctors, pharmacies, drug or medical device experts and family members.

Payment: We may use and disclose your health information for payment purposes. For example, we may need to give your health plan information about treatment you received from us so that we can be paid for the care we provide to you. We may also tell your health plan about a treatment you are going to receive so we can obtain prior payment approval or determine if your plan will pay for the treatment.

Health Care Operations: We may use and disclose your health information for healthcare operational purposes including, but not limited to, quality assessment and improvement activities, conducting training programs, conducting or arranging for medical reviews, legal services or auditing, performing staff performance reviews and business planning and development.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your health information to your family members, other relatives, a close personal friend or any person you identify who is involved in your healthcare. We may also give information to someone who helps pay for your care.

Public Health Activities: We may use and disclose your health information for certain public health activities such as may be necessary to prevent or control disease, injury or disability; report information on FDA-regulated products or activities; alert a person who may have been exposed to a communicable disease or condition when authorized by law; and report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victim of Abuse, Neglect or Domestic Violence: We may disclose your health information to an authorized governmental authority, including a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose your health information to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health care programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings: We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials: We may use and disclose your health information to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Coroners and Medical Examiners: We may disclose your health information to a coroner or medical examiner as authorized by law. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and Tissue Procurement: If you are an organ donor, we may disclose your health information to organizations that handle organ, eye or tissue transplants or banking.

Research: We may use or disclose your health information for research that has been specially approved by an Institutional Review Board (IRB). The IRB evaluates a proposed research project and its use of health information trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through the IRB, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave our Practice. Unless the IRB, as permitted by law, has approved a waiver, we will ask your specific permission to use and disclose your information for research purposes.

Serious Threats to Health or Safety: We may use or disclose your health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to a person's or the public's health or safety and the use or disclosure is to a person reasonably able to prevent or lessen the threat, or necessary for law enforcement authorities to identify or apprehend an individual.

Military Personnel: If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities. We may also use and disclose health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose your health information to authorized federal officials if required for special investigations.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.

As Required by Law: We may use or disclose your health information when required to do so by any other law not already referred to in the preceding categories.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

Other than the circumstances described above, any other use or disclosure of your health information will only be made with your written authorization. The following uses and disclosures of your health information will only be made with your written authorization: marketing that does not involve face to face communication between you and our staff or promotional gifts of nominal value that we give to you; marketing that involves any financial remuneration to us; the sale of your health information; and other uses and disclosures not described in this Notice.

You have the right to refuse to give us authorization for such uses or disclosures of your health information. You may also revoke any authorization at any time by providing us with written notice of your revocation. However, we cannot take back any uses or disclosures of health information already made with your authorization before you provided us with written notice of your revocation.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Confidential Communications: You have the right to ask us to communicate with you about hearing care services in a certain way or at a certain location, for example, only at work or by mail. Your request for confidential communications must be made in writing, signed and dated, to the address provided below. Your request must specify how or where you wish to be contacted.

Right to Request Additional Restrictions: You may request that we restrict or limit the uses and disclosures of your health information for treatment, payment and health care operations. We are not required to agree to a requested restriction, except if the disclosure is to a health plan for purposes of caring out payment or health operations (not treatment), and the health information relates solely to health care for which the health care provider involved has been paid out of pocket in full. Your written request must describe the information you want restricted, say whether you want to limit the use or the disclosure of the information, or both, and tell us who should not receive the restricted information. We will tell you whether we agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Inspect and Copy Your Health Information: You have the right to inspect or obtain a copy of your medical records on file. This right does not include inspection and copying of the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and health information that is subject to law that prohibits access to health information. Your request must be submitted in writing, signed and dated, to the address below. We may charge a fee for processing your request.

Right to Amend Your Health Information: If you feel that health information we have about you is incorrect or incomplete, you have the right to request that we amend your health information maintained by us. Your request must be made in writing, signed and dated, to the address below. It must specify the records you wish to amend and give the reason for your request. We may deny your request for an amendment; if we do, we will tell you why and explain your options.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we have made of your health information for the last six years before the date of your request. This right to an accounting is subject to certain exceptions such as disclosures made for treatment, payment or health care operations; made to you; made pursuant to a written authorization; required to maintain a directory of the individuals in our facility or to individuals involved with your care; required for national security or intelligence purposes.

In addition, we may suspend your right to receive an accounting of disclosures if required to do so by a health oversight agency or law enforcement official for the period of time specified by such agency or official. Your request for an accounting disclosure must be submitted in writing, signed and dated, to the address below and must identify the time period of the disclosure.

Right to a Paper Copy of this Notice: you have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice at any of our facilities.

COMPLAINTS

If you believe that we have violated your privacy rights or disagree with a decision that we made about providing you access to your health information, please contact us or contact the Secretary of the Department of Health and Human Services. We respect your right to file a complaint and will not take any action against you if you file a complaint. We reserve the right to change the terms of our Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all health information that we maintain. We will post a copy of the current Notice at our facilities and on our website, www.hearontheshore.com

CONTACT INFORMATION

Requests to inspect and copy your records, amend your health information or obtain an accounting of disclosures should be made in writing to the following address:

**HEAR ON THE SHORE
ATTENTION: KARLA QUILLEN
119 W Third St. Sute 7
Lewes, DE 19958**