

## Notice of Privacy Practices

HOW AURORA AUDIOLOGY PROTECTS MEDICAL INFORMATION ABOUT YOU, HOW IT MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN IT

**AURORA AUDIOLOGY divulges health information about you to facilitate your care, obtain payment and administer and manage AURORA AUDIOLOGY:**

AURORA AUDIOLOGY routinely obtains and divulges this information without special permission for the purposes of making your appointments, informing you of appointments, informing you of the need to make appointments, informing you of services that might benefit you, evaluating you, treating your hearing loss, obtaining equipment for you, referring your care to other professionals, learning about your health history from other professionals you have seen, coordinating your care with your family members and friends, determining whom to bill for services AURORA AUDIOLOGY performs for you, preparing and sending bills and claims, collecting balances directly and through billing services, collection agencies, and attorneys, performing financial and billing audits, internally assuring quality of care, making personnel decisions, participating in managed care plans, defending legal matters, making business plans and storing records outside the office. AURORA AUDIOLOGY may communicate with you by post card, email, voicemail message, or message with another person. Unless you object, AURORA AUDIOLOGY will not ask special permission to perform these functions. Please inform AURORA AUDIOLOGY in writing if these practices pose any problems for you.

**AURORA AUDIOLOGY may use or divulge information about you for reasons allowed or required by law:**

It is possible that AURORA AUDIOLOGY will

divulge your health information without your permission when mandated by state or federal law, for public health reasons, for contagious disease reporting, investigation and surveillance, to communicate with the FDA regarding medical devices, to authorities regarding suspicion of abuse, neglect, or domestic violence, for doctor licensing, for Medicare and Medicaid audits, regarding possible health care law violation, in response to a court of administrative agency order, to facilitate law enforcement activities, for health related research, to prevent a threat to someone's safety, for workers compensation claims, or to facilitate the work of our business associates. AURORA AUDIOLOGY may make incidental disclosures that are unavoidable by-products of permitted uses and disclosures or disclose a limited data set for public health or healthcare operations.

**AURORA AUDIOLOGY will divulge your health information for other reasons only with your authorization:**

If you or AURORA AUDIOLOGY wish that AURORA AUDIOLOGY disclose your health information for any reason not listed above, AURORA AUDIOLOGY will do so only upon your signed, written instructions in compliance with federal law. AURORA AUDIOLOGY can provide you with a form upon which you can provide the authorization.

**You have these rights regarding your healthcare information:**

You may ask AURORA AUDIOLOGY, in advance, by signed letter to AURORA

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AUDIOLOGY, to restrict the use and disclosure of your health information for any purpose except emergency treatment. AURORA AUDIOLOGY is not required to agree to this, but should AURORA AUDIOLOGY agree, AURORA AUDIOLOGY must honor the agreement.

You may ask AURORA AUDIOLOGY, by signed letter, to communicate with you confidentially via phone or mail. If the request is reasonable AURORA AUDIOLOGY will grant it provided you pay in advance for any extra cost incurred in so doing. You may request, by signed letter, copies of your health information, paid for in advance, or to view it. Excepting certain circumstances under which AURORA AUDIOLOGY might legally deny your request and send you a written explanation and instructions regarding how you can obtain a legal review if available AURORA AUDIOLOGY will arrange for this within 60 days.

You may ask AURORA AUDIOLOGY by signed letter to amend your healthcare information if you believe it is wrong or incomplete. If AURORA AUDIOLOGY agrees, AURORA AUDIOLOGY will amend it within 60 days. If AURORA AUDIOLOGY does not agree, AURORA AUDIOLOGY will include in your health information your written statement of your position along with any rebuttal AURORA AUDIOLOGY writes and send it in permitted disclosures of your health information.

You may ask AURORA AUDIOLOGY by signed letter, once per year without charge, more often for a fee, for a list of disclosures of your health information made in the last 6 years, excluding those made with your authorization, incidental disclosures, those required by law, some other limited disclosures, and those made for purposes of treatment, payment and administration and management of AURORA AUDIOLOGY. An additional copy of this notice will be sent to you upon request.

AURORA AUDIOLOGY will adhere to these provisions and you may complain: If you believe we have mishandled your health information you may complain without fear of retaliation to AURORA AUDIOLOGY, in person, by telephone, or by letter to AURORA AUDIOLOGY or to the US Department of Health and Human Service, Office of Civil Rights.

We reserve the right to change this Notice at any time. The new Notice will be effective for all health information we already have about you as well as any information we receive in the future. You can also obtain a revised Notice by contacting our Privacy Officer, Leslie Greenfield, Aurora Audiology, 1901 Airport Way, STE 102, Fairbanks, AK 99701.

*This Notice is effective as of September 2020.*