



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 CAREFULLY.

Modern Otoacoustics LLC d/b/a The Hearing Aid Shop and its affiliated providers make a record each time you receive services. Your records have information about your symptoms, examination, test results, diagnosis, and insurance billing information. The law requires us to keep your health information private and also to tell you about how it keeps health information private. We are required to abide by the terms of the Notice of Privacy Practices (NPP) currently in effect. You can always request a copy of this Notice from our Patient Care Coordinator (PCC) or by mailing or emailing your request. You may also view the notice on our website.

This notice applies to Modern Otoacoustics LLC d/b/a The Hearing Aid Shop practices and the following organizations or individuals:

- Any health care professional authorized to enter information into your chart
- Any health care provider who is a member of The Hearing Aid Shop staff
- Any staff member or contracted business associate of The Hearing Aid Shop.
- Any third-party business associate who is authorized to enter or view information in your chart
- Any insurance company of which you are a member or subscriber

HOW WE MAY USE AND DISCLOSE (RELEASE) HEALTH INFORMATION ABOUT YOU:

- "Use" means sharing health information inside Modern Otoacoustics LLC d/b/a The Hearing Aid Shop
- "Disclosure" means release of information outside of Modern Otoacoustics LLC d/b/a The Hearing Aid Shop

We may use and disclose health information in the following ways without getting specific information:

- Treatment - to provide, coordinate, or manage your health care and related services. Doctors, nurses, technicians, and others involved in taking care of you share medical information about you. Your treatment includes working with people involved in your care before and after your services here. For example, we may disclose information to:
 - An ambulance service
 - A rehabilitation center or home health agency that will be caring for you.
 - Other doctors or health care professionals and organizations who may be treating you.
- Payment - to help us or another provider or organization to obtain payment for services rendered to you. Payment activities include:
 - Checking eligibility or referral from a health plan
 - Reviewing need for and use of services

- Sending claims to your insurance company
- Authorizing a third-party to receive payments on your behalf
- Health Care Operations - the operations of running a business require The Hearing Aid Shop to utilize business associates to maintain a high-quality of care and patient satisfaction. We may disclose your health information to "Business Associates" that we hire to assist with billing and accounting, computer and IT personnel, advertising and marketing activities, etc. We may also utilize third-party apps and organizations to check the quality of care you receive so that we may measure patient satisfaction and employee performance.
- Appointment Reminders - telephone calls, emails, texts, or mail sent to you about medical treatment and care.
- Health-Related Benefits, Services, and Treatments - we may send you information about product updates/upgrades, warranty expirations, treatment alternatives, or other health-related benefits and services that may interest you.
- Marketing Activities - we may contact you about any promotions or sales. If you would like NOT to receive direct mail, emails, or texts from us, please contact us to put on our DO NOT MAIL list.

USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO AGREE OR OBJECT

For the following uses and disclosures of health information we must provide an opportunity for you to agree or object:

- To people involved in your care or in payment for your care such as family members, relatives, close friends or other persons who you identify.
- When you are not present, we may use professional judgement and your best interests and decide whether or not to disclose relevant health information to an individual who is directly involved in your health care.
- To notify your family or other person responsible for your care of your location, condition, or death.

USES OR DISCLOSURES THAT DO NOT REQUIRE YOUR PERMISSION

Modern Otoacoustics LLC d/b/a The Hearing Aid Shop may use or disclose your protected health information in some cases, without your authorization. The following list briefly describes the conditions under which we may share your information without your authorization:

- As required by law
- To prevent and control disease, injury, or disability
- To report child or elder abuse to appropriate government agencies
- To prevent serious threats to health or safety
- To report to your employer for evaluation of a work-related illness or injury, or as part of occupational health services
- To respond to court or lawful administrative order, to respond to a subpoena or other lawful request
- To respond to a warrant, identify suspects, or report crime on our property
- To report product or equipment failures to vendors
- To health oversight agencies for activities such as audits or inspections to oversee the health care program or government programs.
- To comply with Workers Compensation or other similar programs
- To correctional institutions or law enforcement if you are an inmate of a correctional facility or in law enforcement custody
- To coroners and medical examiners to identify or determine the cause of death or to perform other duties
- Research uses and disclosures permitted without authorization to review information and prepare research
- To authorized federal officials for lawful national security purposes.

USES AND DISCLOSURES THAT REQUIRE WRITTEN AUTHORIZATION

Other uses or disclosures of your records will be made only with your written authorization. You may withdraw an authorization at any time; however, we are not able to take back disclosures that we have already made with your authorization. Also, you cannot withdraw an authorization that was a condition of obtaining insurance coverage. All withdrawals must be made in writing to: Modern Otoacoustics LLC d/b/a The Hearing Aid Shop, PO Box 1175 Wolfeboro NH 03894.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Regarding medical information we maintain about you, you have the right to:

Request restrictions on uses and disclosures of your record for treatment, payment, or health care operations. All requests must be made in writing. The law does not require us to agree to restriction requests. For emergency treatment, we may use or disclose restricted information. The right to request restrictions does not apply to uses and disclosures required by law. The law permits us to charge for copying costs.

TO EXERCISE THESE RIGHTS OR GET MORE INFORMATION, CONTACT:

Modern Otoacoustics LLC d/b/a The Hearing Aid Shop
29 Union Street, PO Box 1175
Wolfeboro NH 03894
Phone: 603-569-2799

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated or to file a complaint, please call the number provided above. You may also file a complaint with the Secretary of the Department of Health and Human Services. Modern Otoacoustics LLC d/b/a The Hearing Aid Shop will in no way retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

The Hearing Aid Shop reserves the right to change this notice. We reserve the right to make the revised notice effective for protected health information we have already obtained, as well as any information we receive in the future. We will post a copy of the current notice in our clinic as well as on our website. If we change the NPP, you will be given the opportunity to review the new NPP at your next visit after the changes take effect.