



NOTICE OF PRIVACY PRACTICES

Effective Date: August 2025

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.**

Who Will Follow This Notice

Hearing Services West (referred to as “we” or “Facility”) provides healthcare services through our audiology clinic. This Notice applies to all employees, providers, and staff at Hearing Services West who may access your information to provide care or perform administrative functions. It also applies to volunteers and contracted service providers authorized to assist with your care. This Notice applies to all of the records related to your health care provided to you in our Facility and generated by the applicable Facility.

How We May Use And Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- Treatment
 - Provide medical care and services.
 - Share information with other providers involved in your care (inside or outside our facility).
- Payment
 - Bill you, your insurance, or a third party for services.
 - Share information with your health plan to obtain payment, prior approval, or coverage determination.
- Health Care Operations
 - Review and improve care quality and staff performance.
 - Educate doctors, nurses, students, and staff.
 - Compare outcomes with other facilities to improve services (with identifying details removed).
 - Share information with other providers for their quality or cost review.
- Health Information Exchange (HIE)
 - Make your information available to local, regional, or national HIEs (e.g., NHIN) for treatment, payment, or operations.
 - Will not transmit information that requires extra authorization (e.g., HIV status, certain mental health records) without consent.
- Appointment Reminders – Contact you with reminders of upcoming appointments.
- Treatment Alternatives – Inform you about treatment options or alternatives.
- Health-Related Benefits/Services – Inform you about services or benefits that may interest you.
- Individuals Involved in Your Care / Disaster Relief
 - Share information with family, friends, or others helping with your care or payment.
 - Disclose information to disaster relief organizations to help notify family of your condition or location.
- Research
 - Use or share information for approved research projects (with privacy safeguards).
 - May disclose limited information for research preparation.
 - Will obtain your authorization if researchers need identifiable information.
- Business Associates – Share information with outside organizations that perform services (e.g.,

billing, transcription, copying) under contract.

- As Required by Law – Disclose information when required by federal, state, or local law.
- Preventing Serious Threats – Share information if necessary to prevent a serious threat to health or safety.
- Marketing & Sales – Most marketing uses or sale of information require your written authorization.

Special Situations

- Organ/Tissue Donation – Share information with organizations handling donation and transplantation.
- Military/Veterans – Release information as required by military authorities.
- Workers' Compensation – Disclose information to programs providing benefits for work-related injuries/illness.
- Health Oversight – Share with agencies for audits, investigations, inspections, and licensure.
- Lawsuits/Disputes – Disclose in response to court orders, subpoenas, or other legal processes.
- Public Health Risks – Report:
 - Births, deaths, and disease control.
 - Medication/product problems or recalls.
 - Exposures to disease or conditions.
 - Abuse, neglect, or domestic violence (as required by law).
 - Emergency response exposure risks (e.g., HIV/AIDS).
- Law Enforcement – Provide information:
 - In response to legal processes (court orders, subpoenas, warrants).
 - To identify/locate suspects, fugitives, witnesses, or missing persons.
 - About crime victims (in limited circumstances).
 - About deaths due to suspected criminal conduct.
 - About crimes on facility property.
 - In emergencies to report a crime or its location.
- Coroners, Medical Examiners, Funeral Directors – Share information to identify a person, determine cause of death, or carry out duties.
- Protective Services/National Security – Share with federal officials for protection, security, or intelligence purposes.
- Inmates/Correctional Institutions – Share information if necessary for care, safety, or institutional security.
- Multidisciplinary Teams – Share with teams addressing abuse, neglect, or related issues.

Note: Some state and federal laws place stricter limits on certain information (e.g., HIV test results, mental health, alcohol/drug treatment records). In these cases, we will not disclose your information without written permission, unless permitted or required by law.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you, which can also be reviewed on our website www.hearingserviceswest.com and at www.hhs.gov/ocr/hipaa:

1. Inspect & Copy

- You may review and request copies of your medical and billing records.
- Requests must be in writing to the Facility's Medical Records Department.
- A fee may apply for copies, mailing, or supplies.
- Requests may be denied in certain limited cases.

2. Amend Records

- You may request corrections if you believe your records are incomplete or incorrect.
- Requests must be in writing with a reason provided.
- We may deny requests if:

- We didn't create the record and the creator is still available.
 - The record isn't kept by our Facility.
 - The record isn't one you can inspect/copy.
 - The record is accurate and complete.
 - You may add a written addendum (up to 250 words per entry) if we deny your amendment.
3. Accounting of Disclosures
- You may request a list of disclosures of your medical information (not including those for treatment, payment, operations, or those you authorized).
 - Requests must be in writing and cover up to 6 years.
 - First list in 12 months is free; fees may apply for additional requests.
 - You will be notified of costs before they are incurred.
 - We will also notify you if your information is breached, as required by law.
4. Request Restrictions
- You may ask to limit how your information is used/disclosed for treatment, payment, or operations.
 - You may also restrict disclosures to family/friends involved in your care.
 - We are not required to agree, except when restricting disclosure to an insurer if you paid out-of-pocket in full.
 - Requests must be in writing and specify:
 - What information to limit.
 - Whether the limit applies to use, disclosure, or both.
 - To whom the limit applies.
5. Confidential Communications
- You may request communication in a certain way or location (e.g., at work, by mail).
 - Requests must be in writing.
 - We will accommodate reasonable requests without asking why.
6. Authorizations for Other Uses
- Any other use or disclosure of your information requires your written authorization.
 - You may revoke your authorization at any time in writing.
 - Revocation does not affect disclosures already made or records we must retain.
7. Paper Copy of This Notice
- You may request a paper copy at any time, even if you received it electronically.
 - Copies are available at the Facility or on our website: www.hearingserviceswest.com

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Facility, as well as our website (www.hearingserviceswest.com). The Notice will contain on the first page, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us and with the Secretary of the United States Department of Health and Human Services. For information on filing a complaint with us, contact the Hearing Services West Chief Compliance/Privacy Officer at (562) 431-6626 for information on how to file your complaint. All complaints must be submitted in writing. We will take no action against you and you will not be penalized for filing a complaint.

Chief Compliance/Privacy Officer Contact Information:

Chief Compliance Officer/Privacy Officer
Hearing Services West
3801 Katella Avenue, Suite 324
Los Alamitos, CA 90720

Phone: 562-431-6626
Email: Info@hearingserviceswest.com