

APOLLO AUDIOLOGY, LLC

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 protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that related to your past, present, or future physical or mental health or condition and related care services. We are required to abide by the term of Notice of Privacy Practices ("Notices") currently in effect. We reserve the right to make changes to the terms of our Notice and to make such new Notice provisions effective as to all your protected health information ("PHI"). We will post each revised Notice in our office, make copies of the revised Notice available upon request and post the revised Notice on our website.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR CONSENT

Treatment. We may disclose your PHI to provide and coordinate your health care and related services. This may include communications with other health care professionals regarding your health care, including your referral to another health care provider. For example, we may share PHI with other health care providers involved in your treatment, such as sending a copy of your medical records to a specialist to whom you are referred.

Payment. We may use or disclose your PHI to obtain payment or be reimbursed for the health care and related services we provide for you. Such disclosures can be made to billing services, collection departments or credit bureaus. For example, even before you receive services, we may disclose your PHI with your health plan(s) to determine coverage eligibility. When individuals pay cash, they can instruct their providers not to share information about their treatment with their health plan.

Health Care Operations. We may use or disclose PHI in connection with certain administrative, financial, legal and quality improvement activities that are necessary for us to run our practice and to support our functions of treatment and payment. For example, we may use or disclose your PHI for quality assessments and improvement activities, employee training programs, licensing requirements, or conducting a medical review or audit, fundraising activities, and marketing purposes. Example: Sign in sheets, calling your name in waiting room.

Incidental Use or Disclosure. An “incidental use or disclosure” is a use or disclosure that cannot reasonably be prevented, is limited in nature and occurs as a result of another permissible or required use or disclosure. We have set up reasonable safeguards that protect against impermissible uses and disclosures and limits incidental uses or disclosures. We also have policies and procedures that set limits to ensure that, as applicable, only the reasonable minimum necessary amount of your PHI is used, disclosed and requested for certain purposes. You have a right to receive notification whenever a breach of his/her unsecured PHI occurs.

You Can Object to Certain Uses or Disclosures. For each of the uses or disclosures of your PHI listed below, if you are present and able, we will either (1) obtain your oral permission, (2) give you the opportunity to object, or (3) reasonably infer from the circumstances,

based on our professional judgment, that you do not object. If you are unable to object, we will use our professional judgment to disclose only such PHI as is directly related to such person's involvement in your health care. For uses or disclosures:

- To relative, friend or other person identified by you only your PHI that is directly relevant to that person's involvement in your health care or payment for health care:
- To a family member, personal representative, or other person responsible for your care only your PHI necessary to notify such individuals of your location, general condition or death; or
- To a private or public agency for disaster relief purposes. (Even if you object, we are still permitted to share your PHI as necessary for emergency circumstances.)

Required Uses or Disclosure. We are required by law to disclose your PHI to you pursuant to your patient right of access and accounting as described below. We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services when required for their investigation of our compliance with privacy laws.

Our Contact with You. We may use or disclose your PHI to provide you with appointment reminders (such as sending postcards or leaving a voicemail message, etc.), to provide you information regarding treatment alternatives or other health-related benefits and services that may be of interest to you and to raise funds for us.

Business Associates. We may use and disclose your PHI with our business associates. A "business associate" is a person or entity that provides certain functions, activities or services on our behalf pursuant

to a written agreement that contains terms regarding protection of your PHI. Example: billing and transcription.

Other Uses and Disclosures. We may use or disclose your PHI when such use or disclosure is:

- Required by law or used for law enforcement purposes;
- Necessary for public health activities;
- Necessary to report abuse, neglect, or domestic violence;
- For health oversight activities, Food and drug administration;
- For judicial and administration proceedings;
- For medical research, communicable diseases;
- To coroners, medical examiners or funeral directors;
- To an organ procurement organization for donation purposes;
- To avert a serious threat to the health or safety of a person or the public;
- For specialized governmental functions; or military activity;
- For inmates.

ALL OTHER USES AND DISCLOSURES OF YOUR PHI REQUIRES YOUR WRITTEN AUTHORIZATION

You may authorize us to use or disclose your PHI for other purposes. You may revoke this authorization in writing at any time; however, your revocation will not apply to any uses or disclosures that were being processed before we received your revocation.

YOUR PATIENT RIGHTS

Restrictions. You have the right to ask us to restrict our uses or disclosures of part or all of your PHI for treatment, payment, health

care operations or to individuals involved in your care. However, we are not required to agree to your requested restriction. If we do agree to your restriction, we will only use and disclose your PHI in accordance with such restriction, unless otherwise permitted or required by law. You may request a restriction by contacting our office.

Confidential Communications. You have the right to request that communications about your PHI be delivered by an alternative means or at alternative locations. For example, you may request that we contact you at your workplace about appointments. You must make such requests in writing. We will accommodate reasonable requests but may condition such accommodations upon our receipt of a satisfactory explanation of how payments for your services will be handled and an alternative address or other method of contact. Please contact our office to request accommodations.

Access. You have the right to inspect and obtain a copy of your PHI contained in clinical, billing and certain other records used to make decisions about you, except in certain limited situations. Your request must be in writing, and we will charge you reasonable cost-based fees for expenses (such as copying and employee time). Instead of copies we may provide you with a summary of your PHI, if you agree to the form and cost of such summary. We may, in some cases, deny your request and will notify in writing of the reasons for our denial, provide you with information regarding your rights to submit a written statement disagreeing with such denial and provide information on how to file such statement. You may request an amendment of your PHI by contacting our office.

Accounting. You have the right to receive a listing of disclosures of your PHI made for purposes other than treatment, payment, health care operations, upon your request, your authorization, to individuals involved in your care or as allowed by law. You may request all such

disclosures made during the last 6 years (but not any disclosures made prior to April 14, 2003). If you request this list more than once in a 12-month period, we may charge you reasonable cost-based expenses to comply with your additional request. You may request a listing of disclosures by contacting our office.

Electronic Notice. If you received this notice by email or off our website, you have the right to receive this notice in written form upon your request. You may request a written copy of this Notice by contacting our office.

QUESTIONS AND COMPLAINTS

If you have any questions or complaints about our privacy practices, you can contact our office at 250 Chateau Dr SW, Ste 216, Huntsville, AL 35801. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way against you if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient's Signature: _____

Date: _____