

Notice of Privacy Practices

Your Hearing Now, Inc

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

PLEASE READ CAREFULLY

Your Hearing Now, Inc. Duties

Your Hearing Now, Inc. is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how Your Hearing Now, Inc. keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. As part of Your Hearing Now, Inc. legal duties this Notice of Privacy Practices must be given to you. Your Hearing Now, Inc. is required to follow the terms of the Notice of Privacy Practices currently in effect.

Your Hearing Now, Inc. may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on the Your Hearing Now, Inc. website at www.YourHearingNow.com and will be available at all Your Hearing Now, Inc. sales locations.

Uses and Disclosures of your Protected Health Information

Protected health information includes demographic and medical information that concerns the past, present, or future health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person. Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearing-house. Your Hearing Now, Inc. acts as a health care provider, a medical product manufacturer, and is also an employer. This medical information is used by Your Hearing Now, Inc. in many ways while performing normal business activities.

Your protected health information may be used or disclosed by Your Hearing Now, Inc. for purposes of providing Your Hearing Now, Inc. products, services, and payment. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of serving your health needs (audiogram results) or providing Your Hearing Now, Inc. products, services and payment. Your Hearing Now, Inc. may send the medical information to insurance companies, financial companies, Medicaid, or community agencies to obtain payment for the services provided to you.

Unless you notify Your Hearing Now, Inc. that you object, Your Hearing Now, Inc. may provide your health information to individuals such as family and friends, who are involved in your hearing health. Your Hearing Now, Inc. may do so if you tell Your Hearing Now, Inc. to do so, or if you know Your Hearing Now, Inc. is sharing this information and you do not stop Your Hearing Now, Inc. from doing so. Your information may be used by certain Your Hearing Now, Inc. personnel during audits and investigations to improve operations. Your Hearing Now, Inc. also may send you appointment reminders and information about other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Government investigations and audits
- Public health purposes including vital statistics, disease reporting, public health surveillance, investigations, interventions and regulation of health professionals
- Court orders, warrants, or subpoenas
- Law enforcement purposes, administrative investigations and judicial administrative proceedings

Other uses and disclosures of your protected health information and may include disclosures be for marketing and for research purposes by Your Hearing Now, Inc and or our hearing instruments manufacturers.

Individual Right

You have the right to request Your Hearing Now, Inc. to restrict the use and disclosure of your protected health information to provide Your Hearing Now, Inc. products, services, and payment. You may also limit disclosures to individuals.

You have the right to be assured that your information will be kept confidential. Your Hearing Now, Inc. may mail or call you with appointment reminders. We will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. You may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed hearing professional who was not involved in the decision to deny access. This licensed hearing professional will be designated by Your Hearing Now, Inc.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your request correction. Your Hearing Now, Inc. may deny your request, in whole or part, if it finds the protected health information:

- Was not created by Your Hearing Now, Inc.
- Is not protected health information
- Is by law not available for your inspection, or
- Is accurate and complete

If your correction is accepted, Your Hearing Now, Inc. will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. Your Hearing Now, Inc. will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints. You have the right to receive a summary of certain disclosures Your Hearing Now, Inc. may have made of your protected health information. This summary does not include:

- Disclosures made to you
- Disclosures to individuals involved with your hearing health care
- Disclosures authorized by you
- Disclosures made to provide Your Hearing Now, Inc. products, services, and payment
- Disclosures for public health
- Disclosures for health professional regulatory purposes

This summary **does** include disclosures made for:

- Purposes of research, other than those you authorized in writing
- Responses to court orders, subpoenas, or warrants

You may request a summary for not more than a 7-year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

For Further Information

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice or to the Your Hearing Now, Inc. HIPAA Privacy Officer at:

Your Hearing Now, Inc.
18245 Paulson Drive
Port Charlotte, FL 33954
941-564-9780

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Your Hearing Now, Inc. HIPAA Privacy Officer and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201/ telephone 202-619-0257 or toll free at 877-696-6775. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. Your Hearing Now, Inc. will not retaliate against you for filing a complaint.

Effective Date

This Notice of Privacy Practices is effective beginning **October 1, 2013**, and shall be in effect until a new Notice of Privacy Practices is approved and posted.