



Davenport Audiology & Hearing Aid Center, Inc.'s Privacy Protection Policy

OUR RELATIONSHIP

At Davenport Audiology & Hearing Aid Center, Inc., we strive to create the best way to purchase hearing aids. And obviously, the more we know about our patients, the more we can customize solutions for their needs. As we assist you with your hearing, we ask for some mandatory and some optional information; in turn, we promise to protect this information and ensure that it remains confidential.

COMPLAINTS

If you feel that Davenport Audiology & Hearing Aid Center, Inc. has not complied with this Privacy Policy or if you are otherwise concerned with Davenport Audiology & Hearing Aid Center, Inc.'s personal information practices, then you may file a complaint by sending a letter to:

Davenport Audiology & Hearing Aid Center Inc.
430 West 35th Street,
Davenport, Iowa. 52806

Or send an e-mail to: ZZ2054@aol.com

Complaints or requests for information shall be the object of an investigation or response within 30 business days. If the complaint is justified, Davenport Audiology & Hearing Aid Center, Inc. will take the appropriate measures to address the complaint, including access to the requested information, by proceeding with rectification or, as the case may be, by amending its Policy and practices.

HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

HOW WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

For Treatment: We may use and disclose medical information about you, including hearing test findings, in order to ensure that you receive proper medical treatment. For example, we may disclose your health information to another physician or health care provider involved in your care.

For Payment: We may use and disclose medical information about you so that we obtain payment for the treatment and services we provide to you from you, an insurance company or another third party. For example, we may need to give your health

insurance plan information about your diagnosis and a description of the care that we provided to you in order to receive payment for your care.

For Health Care Operations: We may use and disclose medical information about you for our health care operations. Health care operations are activities that are necessary to run our offices, maintain licensure, and to make sure that our patients receive quality care, services and products. For example, we may use your medical information to review our treatment of you and the services we provided and to evaluate the performance of our staff in caring for you. Also, we may need to discuss your medical information with companies and individuals necessary to complete orders for hearing care devices and for the purpose of consultation and recommendation of said devices.

Appointment Reminders/Order Status: We may contact you or your personal representative with a reminder postcard, email or telephone message that it is time for you to call our office and schedule an appointment. We may also contact you by telephone or email with regard to the status of your hearing aid, earmold, repair or assistive device order.

Treatment Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may discuss your medical care with family members or close personal friends who are involved in your medical care or payment for that care. You have the right to restrict or refuse any of these uses or disclosures.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threatened harm.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs that provide benefits for work related injuries or illness as required or permitted by law if you are injured at work.

Health Oversight Activities: We may disclose your medical information to a health oversight agency such as licensing boards for activities authorized by law.

Lawsuits and Disputes: We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain circumstances, we may release medical information about you if asked to do so by a law enforcement official.

Government Purposes: We may release your medical information under limited circumstances if you are a member of the armed forces or foreign military personnel, or for intelligence, counter intelligence and other national security activities authorized by law.

Incidental Uses and Disclosures: We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.

Limited Data Sets: We may use or disclose certain information that does not directly identify you for research, public health or health care operations if the recipient of that information agrees to protect the information.

DISCLOSURES WITH YOUR AUTHORIZATION

We must obtain your authorization to use or disclose health information in those situations not otherwise described in this Notice. If you do authorize us to use or disclose your medical information, you have the right to revoke that authorization at anytime.

YOUR RIGHTS IN CONNECTION WITH YOUR MEDICAL INFORMATION

You have the following rights in connection with the medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your medical information that is in our possession. You may not, however, have access to information that is put together for use in a civil, criminal or administrative proceeding.

To inspect or copy your medical information, you must submit your request in writing to our home office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect or copy your health information in certain very limited circumstances. If you are denied access to your medical information, you may be able to request that the denial be reviewed.

Right to Request Amendment: If you feel that your medical information is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing and submitted to our home office. You must explain why you believe that the medical information is incorrect or incomplete. If we deny your request, you have a right to give us a short statement to be

placed with your medical information or to have us include your request for amendment with your medical information.

Right to an Accounting of Disclosures: You have the right to request, and we must provide you with a list of certain disclosures of your medical information. We are not required to include on that, disclosures to carry out your treatment, payment for your care, and other health care operations and certain other disclosures. To request this list or accounting of disclosures, you must submit your request in writing to our home office.

Your request must state a time period covered by your request. That time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Additional Privacy Protections: You have the right to request additional restrictions from those detailed in this notice. Your request must be submitted in writing to our home office. We are not required, however, to agree to your request.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. To request confidential communications, you must make your request in writing to our home office. We will not ask you the reason for your request and we will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You may ask us to give you a copy of this notice at any time by asking for it in person or in writing. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

ADVERTISING

We do not sell or lease your personal information to unaffiliated third parties. From time to time we may share your information with affiliated companies whose products we feel may be of interest to you.

We may use third-party tracking to monitor anonymous visitor traffic.

We may use first-party cookies to track anonymous site usage data and is not associated with any personally identifiable information.

- Third party vendors, including Google, show our ads on various sites not affiliated with Davenport Audiology & Hearing Aid Center, Inc. in any way across the internet.

- Third party vendors, including Google, use cookies to serve ads based on a user's prior visits to this website.
- You may opt out of Google's use of cookies by visiting the [Google advertising opt-out page](#). (Alternatively you can opt out of a third party vendor's use of cookies by visiting the [Network Advertising Initiative opt out page](#).)

COMPLAINTS

If you believe your privacy rights have been violated; you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, contact our home office in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact our staff at the address listed above.

WE MAY MAKE CHANGES TO THIS NOTICE IN THE FUTURE, AND ANY OF THE TERMS OF THIS NOTICE THAT ARE CHANGED WILL APPLY TO ALL OF OUR MEDICAL INFORMATION. IF WE CHANGE OUR NOTICE, YOU MAY OBTAIN A COPY OF THE REVISED NOTICE BY NOTIFYING US IN WRITING OR BY EMAIL TO THE ABOVE ADDRESS.