NORTH GEORGIA AUDIOLOGY & HEARING AID CENTER
YOUR LINK TO BETTER HEARING

JOHNS CREEK – 4045 Johns Creek Pkwy Suite B, Suwanee, GA 30024 P: 770-814-1260
WOODSTOCK – 280 Heritage Walk Suite 300, Woodstock, GA 30188 P: 770-726-8948
GAINESVILLE – 660 Lanier Park Drive, Suite E Gainesville, GA 30501 P: 678-971-4647

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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. This Notice applies to North Georgia Audiology & Hearing Aid Center, LLC ("NGA," "we," "our," or "us") and all its practice locations, employees, audiologists, contractors, and other workforce members who may access your protected health information.

1. OUR COMMITMENT TO YOUR PRIVACY

North Georgia Audiology & Hearing Aid Center, LLC understands that your health information is personal and confidential. We are committed to protecting the privacy and security of your protected health information (PHI) in accordance with applicable federal and Georgia law. Your medical and audiological records may include information about your hearing health, medical history, audiological evaluations, diagnostic testing, hearing aid recommendations, hearing aid purchases, treatment plans, billing information, insurance information, and communications regarding your care.

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your unsecured protected health information.

2. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your protected health information without obtaining your written authorization for the following purposes:

A. Treatment

We may use and disclose your health information to provide, coordinate, or manage your audiological care and related services.

Examples include:

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- Sharing audiological evaluations and hearing test results with your referring physician, ENT, or other treating healthcare provider.
- Discussing your hearing health and treatment recommendations with another healthcare professional involved in your care.
- Coordinating hearing aid fittings, programming, adjustments, repairs, and follow-up appointments.
- Providing information necessary to establish or continue your hearing healthcare.

B. Payment

We may use and disclose your health information to obtain payment for services and products provided to you.

Examples include:

- Submitting claims to Medicare, Medicaid, or private insurance companies.
- Verifying insurance eligibility and benefits.
- Responding to insurance company requests for medical records or supporting documentation.
- Processing payments, refunds, financing arrangements, and patient account balances.
- Working with collection agencies when necessary to collect outstanding balances, subject to applicable law.

C. Healthcare Operations

We may use and disclose your health information for activities necessary to operate and improve our practice.

Examples include:

- Reviewing the quality and effectiveness of audiological services.
- Training and evaluating employees and clinical personnel.
- Conducting internal audits and compliance reviews.
- Maintaining medical records and electronic health record systems.
- Coordinating scheduling, patient communications, and administrative functions.
- Working with accountants, attorneys, consultants, billing companies, and other contracted service providers who assist in operating our practice.

These service providers are required to protect your information through appropriate confidentiality and business associate agreements when required by law.

3. OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose your health information in the following circumstances when permitted or required by law:

- **Individuals involved in your care:** We may share relevant information with a family member, caregiver, or other person involved in your care or payment for your care, unless you object or another legal restriction applies.
- **Appointment reminders:** We may contact you by telephone, voicemail, text message, email, or mail regarding appointments, follow-up care, hearing aid services, and other healthcare-related matters.
- **Treatment alternatives and health-related services:** We may contact you about treatment options, hearing healthcare services, hearing aid technology, maintenance, or other services that may be relevant to your care.
- **Public health and safety:** We may disclose information for legally authorized public health activities, reporting purposes, or to prevent or lessen a serious threat to health or safety.
- **Health oversight:** We may disclose information to government agencies authorized to conduct audits, investigations, inspections, or licensing activities.
- **Legal requirements:** We may disclose information when required by federal, state, or local law.
- **Law enforcement:** We may disclose information to law enforcement officials when authorized or required by law.
- **Judicial proceedings:** We may disclose information in response to a valid court order, subpoena, or other lawful process.
- **Workers' compensation:** We may disclose information as authorized by workers' compensation laws.
- **Research:** We may use or disclose information for approved research activities when permitted by law.
- **Medical examiners and funeral directors:** We may disclose information as permitted by law following an individual's death.

4. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of your health information require your written authorization.

These include:

- Most uses and disclosures of psychotherapy notes, when applicable.
- Uses and disclosures for marketing purposes that require authorization under HIPAA.
- Sale of your protected health information.
- Other uses and disclosures not described in this Notice that are not otherwise permitted or required by law.

You may revoke a written authorization at any time by submitting a written request to NGA. Revocation will not affect information already used or disclosed in reliance on your authorization. NGA does not sell patient protected health information.

5. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA:

A. Right to Inspect and Obtain Copies

You may request to inspect or obtain a paper or electronic copy of your medical and audiological records. Your records may include audiological evaluations, diagnostic test results, treatment documentation, hearing aid records, and billing information. Requests must be submitted in writing to NGA. We will generally respond within 30 days. If an extension is permitted by law, we will notify you in writing. We may charge a reasonable, cost-based fee for copying, mailing, or preparing records as permitted by law.

B. Right to Request an Amendment

You may request that we correct or amend information in your medical record if you believe it is incorrect or incomplete.

Your request must be submitted in writing and explain why the information should be amended.

We may deny your request under certain circumstances permitted by law. If we deny your request, we will provide a written explanation and information regarding your right to submit a statement of disagreement.

C. Right to Request Confidential Communications

You may request that we communicate with you in a specific manner or at a particular location.

For example, you may request:

- That we contact you only by telephone.
- That we send correspondence to a specific mailing address.
- That we avoid leaving detailed voicemail messages.
- That we use a particular email address or telephone number.

We will accommodate reasonable requests as required by law.

D. Right to Request Restrictions

You may request that we limit how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree to every requested restriction. However, if you pay for a healthcare item or service completely out of pocket and request that we not disclose information about that item or service to your health insurer for payment or healthcare operations, we will honor that request unless disclosure is otherwise required by law.

E. Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your protected health information made during the six years preceding your request.

This accounting does not include disclosures made for treatment, payment, or healthcare operations, or certain other disclosures excluded by law. You are entitled to one accounting in any 12-month period at no charge. Additional requests may be subject to a reasonable, cost-based fee as permitted by law.

F. Right to a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

G. Right to Choose a Personal Representative

If you have legally authorized someone to act on your behalf, that individual may exercise your HIPAA rights and make decisions regarding your health information to the extent permitted by law.
NGA may require documentation verifying the individual's legal authority before providing access to your information.

H. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with NGA or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

6. YOUR CHOICES REGARDING CERTAIN DISCLOSURES

In certain situations, you may tell us whether you agree or disagree with sharing your information.
For example, you may:

- Ask us not to share information with a particular family member or caregiver.
- Identify individuals who are permitted to receive information regarding your care.
- Request restrictions on certain communications.

If you are unable to express your preference, we may use professional judgment to determine whether sharing information is in your best interest, as permitted by law.

7. ELECTRONIC COMMUNICATIONS AND RECORDS

NGA may maintain and transmit protected health information electronically through secure electronic health record systems, billing platforms, insurance portals, and other healthcare-related systems.
We may communicate with you using telephone calls, voicemail, text messages, email, and other electronic communication methods. We take reasonable steps to protect your information when communicating electronically. However, ordinary email and text messaging may carry privacy and security risks. You may request alternative communication methods or ask questions about how your information is transmitted.

8. SPECIAL PROTECTION FOR CERTAIN SUBSTANCE USE DISORDER RECORDS

To the extent NGA receives or maintains substance use disorder records protected by federal confidentiality law under 42 CFR Part 2, those records may be subject to additional protections. Records protected under 42 CFR Part 2 generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order accompanied by a subpoena or other legal mandate as required by applicable law. Any applicable consent, redisclosure, and other restrictions will be followed.

9. OUR RESPONSIBILITIES AND CHANGES TO THIS NOTICE

NGA reserves the right to change the terms of this Notice and make the revised Notice effective for all protected health information we maintain, including information created or received before the revision. If we make a material change to our privacy practices, the revised Notice will be made available at our practice locations and on our website, if applicable. You may request a copy of the current Notice at any time.

10. CONTACT INFORMATION AND PRIVACY COMPLAINTS

If you have questions regarding this Notice, wish to exercise your privacy rights, or believe your privacy rights have been violated, please contact:

North Georgia Audiology & Hearing Aid Center, LLC
Attention: Privacy Officer
Telephone: 678-971-4647
Email: caleb@ngaudiology.com
Mailing Address: 4045 Johns Creek Parkway Suite B Suwanee, GA 30024

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You may also file a complaint directly with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Telephone: 1-877-696-6775

Website: https://www.hhs.gov/hipaa/filing-a-complaint/

NGA will not retaliate against you for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with or offered a copy of the North Georgia Audiology & Hearing Aid Center, LLC Notice of Privacy Practices.

I understand that the Notice describes how my protected health information may be used and disclosed and explains my rights regarding the privacy of my health information.

My signature below acknowledges receipt of the Notice only. It does not constitute an authorization to disclose my protected health information or a waiver of any rights under HIPAA.

Patient Name: _____

Patient Date of Birth: _____

Patient or Legal Representative Signature: _____

Printed Name of Representative (if applicable): _____

Relationship to Patient: _____

Date: _____

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If the patient or representative declines or is unable to sign this acknowledgment, please document the circumstances below.

☐ Patient declined to sign.

☐ Patient was unable to sign.

☐ Other: _____

Description of Good-Faith Effort to Obtain Acknowledgment:

Employee Name: _____

Employee Signature: _____

Date: _____