



WILLOUGHBY HEARING AID CENTERS, INC.

NOTICE OF PRIVACY PRACTICES SUMMARY

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.

PROTECTING YOUR PERSONAL AND HEALTH INFORMATION

Willoughby Hearing Aid Centers is committed to protecting the privacy of your personal information. We are required by law to post this notice. It explains our privacy practices, our legal duties and your rights concerning your personal and health information. Personal and health information means any information that is identifiable to you, including information regarding your health care and treatment; or identifiable factors including your name, age, address and financial information. We will follow the privacy practices that are described in this notice while it is in effect.

MAINTAINING THE PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION

We protect your personal and health information by treating all of your personal information that we collect as confidential:

- Stating confidentiality policies and practices in our employee/consultant handbooks as well as disciplinary measures for privacy violations;
- Restricting access to your personal information only to those employees/consultants who need to know your personal information in order to provide our services to you;
- Only disclosing your personal information that is necessary for a service company to perform its function on our behalf, and the service company agrees to protect and maintain the confidentiality of your personal information; and
- Maintaining physical, electronic and procedural safeguards that comply with federal and state regulations to guard your personal information.

USING AND DISCLOSING YOUR PERSONAL AND HEALTH INFORMATION

We will not disclose your personal health information unless we are allowed or required by law to make the disclosure, or if you or your authorized representative gives us permission.

Following are some examples of disclosures we may make as allowed or required by law:

- to health care providers, i.e., doctors and others who provide you with care; in connection with an insurance transaction, such as verifying that you have coverage;
- to service companies that perform hearing aid-related services on our behalf, such as hearing aid manufacturers;
- to you or your authorized representative;
- to your family, friends and other caregivers, if permitted by you to staff for appointment reminders and other health related communications, such as information about new treatment options, but again, only with your permission to respond to legal requests such as a subpoena.

YOUR INDIVIDUAL RIGHTS CONCERNING YOUR PERSONAL & HEALTH INFORMATION

You have the right to request all of the following:

- Restrictions on certain uses and disclosures, such as the health information that we release about you to family and friends that may be involved in your care or the payment for it.
- Confidential communications, such as a request that we communicate with you about medical matters in certain way or at a certain location.
- Inspect and copy your personal and health information, such as your medical and billing records.
- Amend your personal and health information, such as corrections to your medical and billing records, if you believe them to be inaccurate or incomplete.
- Accounting of disclosures of your personal and health information that we may have made for purposes other than for treatment, payment, health operations and certain other activities, such as to your employer.
- Paper copy of this notice can be requested at any time.

"OPTING OUT" OF CERTAIN DISCLOSURES

We do not need your written authorization to use or disclose your personal and health information for the purposes of treatment, payment or health care operations, however, we request your written, signed consent acknowledging our intent which you may revoke at any time. In accordance with state and federal law, we will not use or disclose your personal and health information for any other purpose, without your specific, written authorization. We must obtain your authorization separate from any consent we may have obtained from you. You have the right to revoke an authorization at any time.

HOW YOU CAN REACH US

If you would like a more detailed copy of this Notice of Privacy Practices, or you have questions concerning your rights or you would like to exercise one or more of these rights:

- Visit our web site at www.willhear.com or
- contact our Privacy Officer at:
Willoughby Hearing Aid Centers,
1939 E. Burnside Street,
Portland, OR 97214,
(503) 233-6141 or (800) 547-1949.

If you believe that we have violated your rights listed in this notice, and are unable to resolve the issue with our Privacy Officer, you may file a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request; with no penalty to you should you decide to file a grievance.

We may amend this notice at any time and we will inform you of changes as required by law.