

We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that has obtained your permission to have access to your PHI. For example, we will disclose PHI to other healthcare providers who may be treating you such as your primary care physician, when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a healthcare provider to whom you have been referred to ensure that the healthcare provider has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time-to-time to another healthcare provider (specialist, or laboratory) who, at the request of a healthcare provider, become involved in your care by providing assistance with your healthcare diagnosis or treatment to your healthcare provider.

Payment: Your PHI will be used, as needed to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you such as; making a determination of eligibility, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare operations: We may use or disclose, as needed, your PHI in order to support the business activities of your healthcare provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing, and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign in sheet at the registration desk where you will be asked to sign your name and indicate your healthcare provider. We may also call you by name in the waiting room area when your healthcare provider is ready to see you. We may use or disclose you PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party "Business Associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that will protect your PHI. We may use your PHI, as necessary, to provide you with information about treatment alternatives or health-related benefits and services that might be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and Disclosures of PHI Based on Your Written Authorization: Other uses of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that your healthcare provider or the healthcare provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Used With Your Consent Authorization or Opportunity to Object: We may disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your healthcare will be disclose

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Communications Barriers: We may use or disclose you PHI if your healthcare provider or another healthcare provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the healthcare provider determines, using professional judgment that you intend to consent to use or disclose under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object: We may use your PHI in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, or any such uses or disclosures.

Health Oversight: We may disclose PHI to health oversight agency for activities authorized by law, such as government audits, investigations, and inspections. Oversight agencies seeking this information include

government agencies that oversee the healthcare system, government benefit programs, other regulatory programs and civil rights laws.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcements: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to the victims of crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime has occurred on the premises of the practice, and (6) medical emergency (not on the premises of the practice) and it is likely a crime occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties as authorized by law in order to permit the funeral director to carry out duties. We may disclose such information in reasonable anticipation of death. PHI may be used for cadaver organ, eye, ear or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are in the Armed Forces (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination of the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose you PHI to authorized federal officials for conducting national security and intelligence activities, including for the protective services to the President or others legally authorized

Worker's Compensation: Your PHI may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your healthcare provider created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosure to you and when required by the Secretary of the Dept. of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

Your Rights: You have the right to inspect and obtain a copy of your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical, billing and any other records that your healthcare provider and the practice uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have a right to request a restriction of your PHI: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your healthcare provider is not required to agree to a restriction that you may request. If the healthcare provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your healthcare provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction request with your healthcare provider. You may request a restriction by asking to sign a restriction request that will be kept in your file.

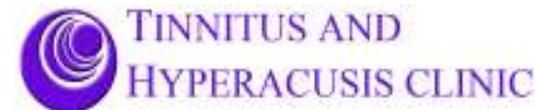
You have the right to request to receive confidential communications from us alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or method of contact. We will not request an explanation from you as to the basis for the request. Please make your request in writing to our Privacy Contact.

You may have the right to have your healthcare provider amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have any questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14th, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations. You have the right to obtain a paper copy of this notice upon request even if you have agreed to accept this notice electronically.

Complaints. You may complain to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Contact, us at 952-224-0308 or email us at our website at www.tinnitusclinicminnesota.com info@tinnitusclinicminnesota.com for further information about the complaint process.

Tinnitus and Hyperacusis Clinic
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Edina, MN 55435
Phone 952-224-0308 FAX:952-831-4942



Notice of Privacy Practices

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

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice, at any time. The new notice will be effective for all Protected Health Information that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices by accessing our website at: www.tinnitusclinicminnesota.com, calling our office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Uses and Disclosures of PHI (Protected Health Information).

Your Doctor of Audiology will use or disclose your PHI as described in this section. Your PHI may be used and disclosed by your Doctor of Audiology, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare bills and to support the operation of Tinnitus and Hyperacusis Clinic.

Following are examples of the types of uses and disclosures of your PHI that Tinnitus and Hyperacusis Clinic is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.