



Pioneer Hearing and Tinnitus

Notice of Privacy Practices

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that requires covered health care providers to protect the privacy and security of individually identifiable health information (“protected health information” or “PHI”). This Notice describes how Pioneer Hearing and Tinnitus may use and disclose your PHI and explains your rights regarding that information.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

We reserve the right to change the terms of this Notice and to make the revised Notice effective for all PHI we maintain. You may request a current copy of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

HIPAA permits us to use and disclose your PHI without your authorization for the following purposes:

Treatment

Treatment includes providing, coordinating, or managing your hearing health care and related services. This may include sharing information with other health care providers, referring physicians, or hearing aid manufacturers or laboratories as necessary for your care.

Payment

Payment includes billing, claims management, collection activities, and insurance benefit determinations. For example, submitting information to your health plan so it can pay for services provided to you.

Health Care Operations

Health care operations include business activities such as quality assessment, staff evaluation, auditing, licensing, accreditation, and customer service. We may also create and use de-identified information by removing information that identifies you.

OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose your health information in the following circumstances:

- In emergency situations
- When required by law
- To provide appointment reminders or information about treatment alternatives or other health-related benefits and services
- To communicate with hearing aid manufacturers or laboratories regarding your hearing devices
- To business associates who perform services on our behalf, provided they agree to protect your information
- To family members or personal representatives involved in your care, unless you object

Uses and disclosures will be limited to the minimum necessary information whenever applicable.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including marketing where financial remuneration is received and any disclosure that constitutes a sale of protected health information. You may revoke an authorization in writing at any time, except to the extent action has already been taken.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request restrictions on certain uses and disclosures of your PHI. We are not required to agree except when you have paid in full out-of-pocket for a service and request that information not be disclosed to your health plan
- Request confidential communications by alternative means or locations
- Inspect and obtain a copy of your medical records, including electronic copies
- Request an amendment to your health information if you believe it is inaccurate or incomplete
- Receive an accounting of disclosures made in the six years prior to your request (with certain exclusions)
- Receive a paper copy of this Notice upon request
- Be notified if a breach of your unsecured protected health information occurs

Requests must be submitted in writing to the office.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER INFORMATION [NEW FOR 2026]

Federal law provides additional protections for the confidentiality of records related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment under 42 CFR Part 2.

If we maintain records that include substance use disorder information, such information is subject to additional federal confidentiality requirements. We may use and disclose substance use disorder information for treatment, payment, and health care operations as permitted by law; however, in

certain circumstances, your written authorization may be required before such information can be disclosed.

We will not use or disclose substance use disorder records in a manner prohibited by federal law and will comply with all applicable confidentiality requirements.

Recipients of substance use disorder information may be prohibited from redisclosing such information except as permitted by law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by contacting Elizabeth O'Neil at 215 East Cedar St., Ste. D, Pocatello, ID, or by phone at 208-775-2255. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the **Pioneer Hearing and Tinnitus Notice of Privacy Practices**, which explains how my protected health information (PHI) may be used or disclosed and describes my rights regarding that information under HIPAA.

Effective Date: January 1, 2026

Signature

Date