



Palmetto Hearing Care Center LLC (dba Palmetto SpOT) / Hears 2 You NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Palmetto Hearing Care Center (dba Palmetto SpOT) / Hears 2 You we strive to provide the best services to our visitors. The more we know about our visitors, the more we can customize the information for their needs. As we assist you with your hearing, we ask for some mandatory and some optional information, this Notice provides information about our commitment to protect this information and ensure it remains confidential. This notice describes how we may use and disclose protected health information for treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes a patient's or authorized personal representative's rights to access and control protected health information. "Protected health information" is information that may identify the patient and that relates to the patient's past, present or future physical or mental health or condition and related healthcare services or payment for such services. This notice describes the privacy practices of Palmetto SpOT & Hears 2 You, its personal and business associates (collectively "we" or "us"). It applies to services provided to you both in the clinic, at home, as well as through any internet or phone contact. Any employees and contracted associates will follow the terms of this notice. Palmetto SpOT / Hears 2 You may share protected health information across its offices for the treatment, payment, or health care operation purposes described in this notice. Generally, when this notice uses the words "you" or "your" it is referring to the patient who is the subject of protected health information. However, when this notice discusses rights regarding patient information, including rights to access or authorize the disclosure of patient information, "You" and "your" may refer to a patient's personal representative. We are required by law to maintain the privacy of your protected health information and provide individuals with this notice of our legal duties and privacy practices. We also required to abide by the terms of this notice currently in effect. If you have questions about this notice, please contact our privacy officer as described below.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION The following categories describe different purposes for which we may use and disclose your personal health information (PHI) without specific written authorization by you (or your personal representative). We explain each category below and include examples, but we do not list every possible use or disclosure in a category. **For treatment:** We may use and disclose PHI about you, including test findings and clinical observations, in order to ensure proper medical treatment. For example, we may share your PHI with another healthcare provider involved in your care. We also may contact you about treatment alternatives and options. **For payment:** We may use and disclose your PHI to obtain payment for services that were provided to you. For example, we may require sharing your PHI so that your health plan will pay or reimburse for your healthcare services. We may also contact your health plan about a treatment you may receive to determine whether your health plan will reimburse for services based on specific diagnosis codes associated with your case. **For healthcare operations:** We may use and disclose PHI about you for our healthcare operations. Healthcare operations are activities that are necessary to run our offices, maintain or obtain licensure, complete clinical fellowship licensure requirements, and to make sure our visitors receive quality information on services and products provided. For example, we may need to discuss your PHI with companies and individuals necessary to complete your requests for information on communication enhancement devices and for the purposes of consultation and recommendations. **Appointment reminders:** We may contact you or any of your personal representatives listed with a reminder postcard, email, text, or telephone message that it is time for you to attend or schedule an appointment. **Individuals involved in your primary care or payment for your care:** We may discuss your healthcare with immediate family members, such as parents or guardians, involved in your medical care. We encourage you to identify additional persons involved in your care that you wish information to be shared with. Anyone not designated in the paperwork provided will be fully restricted the disclosures. This is important in the situation that someone other than a parent is responsible for bringing your child to therapy and needs verbal instruction and updates following a session. **Business associates:** At times, we must provide you PHI to outside vendors (business associates) so that they may help us in our operations. For example, we may provide your PHI to companies that allow us to contact you by email or mail about important health communications. These business associates are required to adhere to state and federal laws regarding the protection of your PHI and are also under a contractual obligation to Palmetto SpOT / Hears 2 You to maintain privacy and security of your PHI. **Workers compensation:** We may release medical information about you for workers compensation or similar programs that provide benefits for work related injuries or illnesses as required or permitted by law if you are injured at work. **Uses and disclosures where authorized or required by law, for public health and similar activities:** We are permitted to disclose your PHI for certain purposes that have been determined to benefit the public as a whole. For example, we may disclose your PHI to the US Food and Drug Administration, to a state or local health department, or to law enforcement agencies if the disclosure will prevent/ control disease or prevent serious threats to the health and safety of an individual or to the public. Other examples include but are not limited to: 1) pursuant to a court ordered subpoena or discovery request, or for law enforcement purposes as permitted by law once we have met all administrative requirements if the HIPAA Privacy rule and any applicable state law requirements are met; 2) To any public or appropriate authorities as required by law, when there is reason to suspect abuse, neglect, or domestic violence; 3) To the military if the individual is a member of the military and disclosure is required by the armed forces; 4) To avert a serious threat to someone's health or safety, including the disclosure of PHI to government or disaster relief or agencies to allow such agencies to carry out the responsibilities to specific disaster situations; 5) To Federal authorities for intelligence, counterintelligence, and other national security activities as required by law; 6) For research purposes, when such research is approved by an institutional review board with

established rules to ensure privacy; 7) To a coroner, medical examiner, or funeral director to assist in identifying a deceased individual or to determine cause of death; 8) To investigate, audit or determine our own compliance with the HIPAA privacy laws.

DISCLOSURES WITH YOUR AUTHORIZATION We must obtain your authorization to use or disclose your PHI in those situations not otherwise described in this notice. If you do authorize us to use or disclose your PHI, you have the right to revoke that authorization, in writing, at any time, exempt to the extent that we have taken action in reliance on the use or disclosure indicated in that authorization. Palmetto SpOT / Hears 2 You does not generally receive copies of or access to psychotherapy notes, however if copies are obtained, they can not and will not be released without authorization. **Marketing:** Communications such as appointment reminders, newsletters, case management, treatment alternatives or other health related products and services are not considered marketing and your authorization is not required. However, if communication is made that does not contribute to your current or future treatment directly and as defined by law, thereby considered 'marketing' we will request your specific authorization (you have the option to opt out of such marketing at any time, in writing.) Further, without specific authorization, we will not sell or lease your information to a third party for outside marketing purposes.

YOUR RIGHTS IN CONNECTION WITH YOUR PROTECTED HEALTH INFORMATION You have the following rights as a consumer under HIPAA regarding your PHI we have about you in our records. Any request to exercise your rights as described below should be made in writing and submitted to the Palmetto SpOT / Hears 2 You privacy officer as listed below. Any questions, you may contact the privacy officer listed below. **Right to inspect and copy:** You have the right to inspect and copy your PHI that is essentially in our possession as part of the "designated record set". The designated record set is essentially the information used to make decisions about your care and payment for care. You may not, however, have access to information that is put together for use in a civil, criminal, or administrative proceeding. To inspect a copy of your PHI in the designated record set, you must submit the details of your request in writing as described below. A fee will be charged for the costs of printing, copying, mailing or any other supplies associated with your request. We may deny your request to inspect or copy your designated record set in certain very limited circumstances. If you are denied access to your PHI, you may be able to request the denial is reviewed. **Right to request amendment:** If you feel that your PHI in the designated record set 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 Palmetto SpOT / Hears 2 You. To request an amendment, you must make your request in writing, include the reason for your request and submit in writing as described below. We are not required to honor the request if the information in the designated record set is accurate and complete. If we deny your request, you have the right to give us a short statement to be placed with your PHI or to have us include your request for amendment with your PHI. **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 PHI. We are not obligated to include on that list disclosures to carry out your care, payment for your care, and other health care operations and certain other disclosures. Example of disclosures in the accounting would include those made to a court or government agency, research, or to the department of health and human services. To request this list or accounting of disclosures, you must state a time period covered by your request. The time period may not be longer than six years. Be aware that costs may incur for this request for reasonable expenses as described above. **Right to request additional privacy protections:** You have the right to request additional restrictions from those detailed in this notice. This means you may ask us not to disclose any parts of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be shared with family members or friends who may be involved in your care or for notification purposes described in this notice. Your request must be submitted in writing as described below. We are not required, however, to agree with your request except if you request that we do not disclose PHI to your health plan with respect to health care for which you have paid in full. **Right to request confidential communication:** You have the right to request that we communicate with you 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. We will not ask you the reason for your request and we will accommodate all reasonable requests. However, please note that certain billing information through your insurance may continue to be mailed to the primary member of the coverage. Also to note, in the case of communication involving a minor; we will adhere to any legally mandated communication requests as limited or defined by custodial court. **Right to receive notice of a breach:** You have the right to be notified and we will notify you if there is a breach of your secured PHI. **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 at your next office visit or in writing as described below. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. **Concerns or complaints:** Please tell us about any problems or concerns you have regarding your privacy rights or how Palmetto SpOT / Hears 2 You uses or shares your medical information. If you have a concern, please contact the Palmetto SpOT / Hears 2 You as described below. If for some reason we can not resolve your concern, you may also file a complaint with the Director of the Office for Civil Rights of the US Dept of Health and Human Services. We will not retaliate against you or end our services in any way if you file a complaint, in good faith, with us or the Office of Civil Rights.

Questions: If you have questions about this notice, please contact our privacy officer by calling (843) 594-3032 and ask for Darin Bish, or through email : admin@palmettospot.com. If you wish to submit your concerns via mail please address your correspondence to: Palmetto SpOT / Hears 2 You 9730 Dorchester Rd Suite 206 Summerville SC 29485. 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 YOUR MEDICAL INFORMATION. IF WE MAKE A MATERIAL CHANGE TO OUR NOTICE, YOU MAY OBTAIN A COPY OF THE REVISED NOTICE AT ONE OF OUR OFFICES. Effective date of this notice: February 10, 2025