



{{clinicAddressOneLine}}

# Notice of Privacy Practices

Effective Date: May 14, 2026

**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.**

## OUR COMMITMENT TO YOUR PRIVACY

Florida Hearing Matters is committed to protecting the privacy of your personal and protected health information (PHI). We are required by law to maintain the privacy of your health information, to provide you with this Notice describing our legal duties and privacy practices, to notify you in the event of a breach of your unsecured PHI, and to follow the terms of the Notice currently in effect.

This Notice applies to all records of your care generated by our practice, whether created at our office, online through our patient portal, or shared with us by other healthcare providers involved in your treatment.

## HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you (called "Protected Health Information" or "PHI"). Not every possible use or disclosure is listed. However, all of the ways we are permitted to use or disclose information will fall within one of the categories below.

### For Treatment

We use your health information to provide you with audiology care and related services. For example, we may use your medical history and hearing test results to determine the best treatment plan, fit and program hearing aids, monitor your progress, and provide follow-up care. We may also share information with other healthcare providers involved in your treatment, such as your primary care physician, an ENT (ear, nose, and throat) specialist, or another audiologist who is helping with your care.

### For Payment

We may use and disclose your health information to obtain payment for the services we provide. For example, we may submit claims to your health insurance plan, Medicare, or another third-party payer, and we may share information needed to determine your eligibility for benefits, obtain prior authorization, or coordinate benefits between multiple insurance plans.

### For Healthcare Operations

We may use and disclose your health information for our internal business operations. Examples include quality assessment, staff training, licensing and credentialing, scheduling and reminders,

billing audits, and general administration of the practice. We may also use your information to evaluate the performance of our clinical team and to improve the care we provide to all of our patients.

### **To Family, Friends, and Others Involved in Your Care**

Unless you object, we may share relevant health information with family members, friends, caregivers, or other individuals you have authorized to be involved in your care. You may identify these people on our intake form or by notifying our staff at any time. If you are unable to consent (for example, in an emergency), we will use our professional judgment to share only the information directly relevant to that person's involvement in your care.

### **For Practice Communications and Patient Outreach**

We may contact you by phone, voicemail, email, or text message for the following purposes:

- To remind you of upcoming appointments.
- To deliver test results, follow-up instructions, or other care-related information.
- To inform you about treatment options and services we offer that we believe may be relevant to your care.
- To send periodic practice communications such as newsletters, hearing-health tips, seasonal reminders (for example, end-of-year insurance benefits), and announcements about new services, technology, or staff.
- To send promotional offers about our own services and products (such as hearing-aid promotions, open-house events, or device trade-in programs).

Under HIPAA, communications about our own services are not considered "marketing" and may be sent without your written authorization. You may opt out of any of these communication channels at any time -- in whole or in part -- and you may specify your preferences on the intake form (for example, "no voicemail," "text only," or "do not email"). All marketing emails we send include an "unsubscribe" link, and you may also opt out by contacting our office.

### **To Hearing Aid Manufacturers and Vendors**

As an audiology practice, we work closely with hearing aid manufacturers, repair labs, and accessory vendors. We may share limited health information with these organizations as needed to fit, program, repair, or replace your hearing devices; to register your devices for warranty coverage; to enable cloud-based features (such as remote programming and adjustments); or to process device-related insurance claims. We share only the minimum information necessary, and these vendors are subject to confidentiality obligations under HIPAA Business Associate Agreements.

### **To Business Associates**

Some services in our practice are provided through contracts with outside organizations -- for example, our practice management software (Blueprint OMS), billing services, IT support, and certain shipping or laboratory services. These organizations are considered "Business Associates" under HIPAA and are bound by signed agreements requiring them to safeguard your information to the same standards we follow.

### **As Required by Law**

We will disclose your health information when required to do so by federal, state, or local law -- including in response to a valid court order, subpoena, or other lawful process.

### **For Other Specific Purposes Permitted by Law**

We may disclose your health information without your written authorization for the following limited purposes:

- Public health activities (for example, reporting required to the FDA about hearing-device adverse events).

- Health oversight activities authorized by law (such as audits, inspections, and licensing reviews).
- Judicial and administrative proceedings, in response to a valid court order or subpoena with appropriate safeguards.
- Law enforcement, when required by law or pursuant to a valid request.
- To coroners, medical examiners, and funeral directors as necessary to carry out their duties.
- To avert a serious and imminent threat to the health or safety of you or another person.
- For specialized government functions (such as military, national security, and protective services for the President).
- For workers' compensation, to the extent authorized by and necessary to comply with applicable law.
- For research purposes, but only with appropriate authorization or institutional review board approval.

## **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

---

Other than the uses and disclosures described above, we will not use or disclose your health information without first obtaining your written authorization. In particular, the following always require your written authorization:

- Most uses and disclosures of psychotherapy notes (not typically maintained by our practice).
- Communications that promote a third-party product or service for which we receive payment from that third party (so-called "subsidized" marketing). Routine communications about our own services -- newsletters, appointment reminders, hearing-aid promotions, open-house invitations -- are not considered marketing under HIPAA and do not require your authorization, although you may opt out at any time.
- Disclosures that constitute a sale of your health information.

You may revoke any authorization you give us, in writing, at any time. Revocation will stop any future uses or disclosures based on that authorization, but it will not affect actions we have already taken in reliance on it.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

---

### **Right to Inspect and Copy**

You have the right to inspect and obtain a copy of the health information we maintain about you, including a copy of your audiogram, treatment notes, and hearing aid records. If we maintain your information electronically, you may request an electronic copy. We may charge a reasonable, cost-based fee for copies and may, in limited circumstances, deny your request -- in which case we will explain the basis and your right to have the denial reviewed.

### **Right to Amend**

If you believe information we have about you is incorrect or incomplete, you may request that we amend it. Requests must be in writing and include a reason for the amendment. We may deny your request in limited circumstances (for example, if the information was not created by us, or if we believe the existing information is accurate and complete), and you have the right to file a statement of disagreement that will be included in your record.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of certain disclosures of your health information made by our practice during the six years prior to your request. This accounting does not include disclosures for treatment, payment, healthcare operations, or those made with your authorization.

The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional accountings.

### **Right to Request Restrictions**

You have the right to request a restriction on certain uses or disclosures of your health information. We are not required to agree to a restriction unless it concerns a disclosure to your health plan about services for which you have paid in full out of pocket -- in that case, we are required by law to honor your request.

### **Right to Confidential Communications**

You have the right to ask us to communicate with you about your health matters in a specific way or at a specific location -- for example, by mail to a particular address, or only to a certain phone number. We will accommodate reasonable requests in writing.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically. To request a copy, contact our office using the information at the end of this document.

### **Right to Be Notified of a Breach**

You have the right to be notified in the event of a breach involving your unsecured Protected Health Information, in accordance with federal law.

## **INFORMATION ABOUT MINOR PATIENTS**

---

When the patient is a minor (under age 18 in Florida), a parent or legal guardian generally has the right to receive this Notice and to access the minor's health information on the minor's behalf. In limited circumstances permitted by Florida law -- for example, when a minor is legally able to consent to certain care alone -- access by a parent or guardian may be restricted.

When the patient reaches the age of majority (18 in Florida), only the patient has the right to access their own health information. A parent or former guardian no longer has automatic access and must obtain the patient's written authorization to receive copies of the patient's records.

## **OUR RESPONSIBILITIES**

---

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this Notice currently in effect, and give you a copy of it.
- Not use or share your information other than as described here, unless you provide written authorization. You may revoke authorization at any time.

## **COMPLAINTS**

---

If you believe your privacy rights have been violated, you may file a complaint with our practice or directly with the federal government. All complaints must be in writing.

### **To file a complaint with our practice:**

Contact our Privacy Officer at:

Florida Hearing Matters

4800 NE 20th Terrace, Suite 301C

MedPlex Building C, Fort Lauderdale, FL 33308

Phone: (954) 999-5495

Email: [info@floridahearingmatters.com](mailto:info@floridahearingmatters.com)

**To file a complaint with the federal government:**

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll-free: (877) 696-6775

Online: [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](http://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)

We will not retaliate against you for filing a complaint, and you will not lose any services or benefits as a result of filing a complaint.

## **CHANGES TO THIS NOTICE**

---

We reserve the right to change this Notice at any time, and to make the revised Notice effective for all PHI we already have about you as well as any information we receive in the future. A current copy of the Notice is always available at our office, on our website at [www.floridahearingmatters.com](http://www.floridahearingmatters.com), and on request. The effective date of the version in force is shown at the top of this document.

## **FOR MORE INFORMATION**

---

If you have questions about this Notice, or about how we use or disclose your health information, please contact our Privacy Officer:

Florida Hearing Matters 4800 NE 20th Terrace, Suite 301C Fort Lauderdale, FL 33308

Phone: (954) 999-5495 Email: [info@floridahearingmatters.com](mailto:info@floridahearingmatters.com) Web: [www.floridahearingmatters.com](http://www.floridahearingmatters.com)

*Thank you for trusting Florida Hearing Matters with your care—because your hearing matters.*