



NOTICE OF HEALTH INFORMATION PRIVACY PRACTICE

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.

Heritage Hearing Care Inc. (HHC) is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. Heritage Hearing Care will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by Heritage Hearing Care as well as records we receive from other providers.

Our Privacy Information Officer is Andrea Graham. If you have any questions or concerns about our privacy practices please contact our Privacy Information Officer at 613-735-0776. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

Uses and Disclosures Requiring Your Consent:

With your consent, Heritage Hearing Care may use and disclose your health information for the following purposes:

TREATMENT: Heritage Hearing Care may use your health information in the provision and coordination of your health care. We may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, audiology students, and other health care providers who have a legitimate need for such information in your care and treatment. Different departments may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. HHC may also disclose your health information to people outside of HHC who may be involved in your medical care after you leave HHC such as family members and others who provide services that are part of your care. Other ways we may use or disclose your health information for purposes related to treatment are:

- **Treatment Alternatives:** To tell you about or recommend possible treatment options or alternatives that may be of interest to you, such as new products or services.
- **Appointment Reminders:** To contact you as a reminder that you have an appointment for treatment or hearing care at Insert Clinic Name.

PAYMENT: HHC may release health information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to a third party payer (e.g., Assistive Devices Program (ADP), Veterans Affairs Canada (VAC), Workplace Safety Insurance Board (WSIB), Ontario Health Insurance Plan (OHIP), Ontario Disability Support Program (ODSP) and private insurance companies or other entities (or their authorized representatives) involved in the payment of your bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

ROUTINE HEALTH CARE OPERATIONS: HHC may use and disclose your health information during routine health care operations, including quality assurance, utilization review, medical review, internal auditing, due diligence, accreditation, certification, licensing or credentialing activities of HHC, medical research and educational purposes. HHC may engage outside companies to carry out certain aspects of routine health care operations. These entities are called the "business associates". HHC may need to disclose your health information to business associates to allow them to perform their duties. The business associates will, in turn, use and disclose your health information as they conduct business on HHC's behalf. Examples of business associates, include, but are not limited to, a printer service used by HHC, consultants, accountants, lawyers, and third-party billing companies. HHC requires business associates to protect the confidentiality of your health information. HHC may not disclose your health information to persons outside of HHC for purposes other than treatment, payment or health care operations without your authorization. You have the right to revoke any authorization you have previously given by submitting a written statement of revocation to HHC.

Uses and Disclosures to Which You May Object:

FAMILY/FRIENDS: HHC may disclose your health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. **If you have any objection to the use and disclosure of your health information in this manner, please tell us.**

Uses and Disclosures that are Required or Permitted Without Consent or Authorization:

RESEARCH: While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by researchers. Under these circumstances, HHC may use and disclose your health information to approved clinical research studies.

REGULATORY AGENCIES: HHC may disclose your health information to the Ministry of Health & Long Term Care, the Health Professions Appeal and Review Board (HPARB), the College of Audiologists and Speech- Language Pathologists of Ontario (CASLPO) and the Association of Hearing Instrument Practitioners of Ontario (A.H.I.P.) for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to maintain compliance with the provisions of the Regulated Health Professions Act (RHPA). **NOTE: HHC can help you input the appropriate regulatory agencies as per your province. The ones noted above are specific to Ontario.**

LAW ENFORCEMENT/LITIGATION: HHC may disclose your health information for law enforcement purposes as required by law or in response to a court order.

PUBLIC HEALTH: As required by law, HHC may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

AS OTHERWISE REQUIRED BY LAW: HHC will disclose your health information in any situation in which such disclosure is required by law.

Your Rights Related to Your Health Information

Although all records concerning your treatment obtained at HHC are the property of HHC, you have the following rights concerning your health information:

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to receive confidential communications of your health information by alternative means or at alternative locations. For example, you may request that HHC only contact you at work or by mail.

RIGHT TO INSPECT AND COPY: You generally have the right to inspect and copy your health information, except as restricted by law.

RIGHT TO AMMEND: You have the right to request an amendment or correction to your health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.

RIGHT TO AN ACCOUNTING: You have the right to obtain a statement of the disclosures that have been made of your health information other than by your authorization, other than to you and other than for the purpose of treatment, payment or routine operational purposes.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your health information. If we are able to agree to your request, we will abide by the restrictions.

RIGHT TO RECEIVE COPY OF THIS NOTICE: You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.

RIGHT TO REVOKE CONSENT OR AUTHORIZATION: You have the right to revoke your consent or authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your consent or authorization.

CHANGES TO THIS NOTICE: HHC will abide by the terms of the Notice currently in effect. HHC reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains.

NOTICE EFFECTIVE DATE: The effective date of the Notice is November 1, 2004. The notice has been amended May 27, 2020. This policy is made under the Personal Information Protection and Electronic Documents Act. It is a complex Act and provides some additional exceptions to the privacy principles that are too detailed to set out here. There are some rare exceptions to the commitments set out above.

For more general inquiries, the Privacy Commissioner of Canada oversees the administration of the privacy legislation in the private sector. The Commissioner also acts as a kind of ombudsman for privacy disputes. The Office of the Privacy Commissioner can be reached at:

112 Kent Street, Tower B, 3rd Floor OTTAWA ON K1A 1H3 PHONE: (613) 947-1698
TOLL FREE: 1-800-282-1376 FAX: (613) 947-6850 TTY: (613) 992-9190