



Summary Notice of Privacy Practices

This is a summary of our Notice of Privacy Practices, which describes how we may use and disclose your medical and personal information and how you can have access to this information. We have attached a full version of the notice.

Our Pledge to Protect Your Privacy

The office of Ear Associates and Rehabilitation Services, Inc. is committed to protecting the privacy of your medical and personal information. So that we may best meet your medical needs, we share your medical records with the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, to conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

Your Rights Regarding Medical Information About You

- To inspect and obtain a copy of your medical records with certain limitations;
- to request an amendment or addendum to your medical record;
- to an accounting of Ears, Inc. disclosures of your medical information;
- to request restrictions on certain uses and disclosures of your medical information;
- to request when and where to contact you;
- to request a copy of the full version of this our Notice of Privacy Practices.

We may use and disclose your personal and health information without your authorization for the following purposes:

- To provide you with medical treatment;
- to bill and receive payment for the treatment received;
- as required and permitted by law;
- for functions necessary to run the office of Ears, Inc. and assure that our patients receive quality care;
- for public health activities (e.g. reporting abuse)
- for research purposes in limited circumstances;
- to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes;
- to a court or administrative order, subpoena, discovery request or other lawful process;
- to a health oversight agency , such as the California Department of Health Services.

We Reserve the right to change our privacy practices and update this Notice accordingly. Please see our full Notice of Privacy Practices for a more detailed description of our privacy practices.

For further information or questions please contact the Privacy Officer at (408) 540-5400.

I have read and understood my rights:

(Signature of patient or Legal Representative)

(date)

If Legal Representative, indicate relationship to patient: _____