Iowa Audiology
ESTABLISHED 1981

# NOTICE OF PRIVACY PRACTICES

## IDENTITY THEFT PREVENTION/DETECTION & RED FLAG COMPLIANCE ACKNOWLEDGMENT

**Iowa Audiology & Hearing Aid Centers**
1006 Fifth St., Suite 100, Coralville, IA 52241

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Fair & Accurate Credit Transactions Act of 2003 (FACTA), also known as the Red Flag Rules, I have certain rights to privacy regarding my protected health information and identity.

I acknowledge that I have been provided access to the Notice of Privacy Practices, revised on June 1, 2026, which includes protections for reproductive health care privacy. I have been provided an opportunity to review Iowa Audiology & Hearing Aid Centers' Notice of Privacy Practices: Identity Theft Prevention/Detection and Red Flag Rule Compliance, which contains a more complete description of the uses and disclosures of my health information. I understand that I have the right to receive an electronic copy of this notice via the email address provided in my patient profile.

I further acknowledge that a copy of the current notice will be posted on the clinic's website (www.iowaaudiology.com). I understand I may request a copy of the current policy at any time. Upon my request, the practice will provide it to me in person, via mail or via secure email, within two business days.

- This notice informs me of how Iowa Audiology & Hearing Aid Centers will use my health information for the purposes of my treatment and/or payment for my treatment.
- This notice explains in more detail how Iowa Audiology & Hearing Aid Centers may use and share my health information for purposes other than treatment, payment and health care operations.
- Iowa Audiology & Hearing Aid Centers will also use and share my health information as required/permitted by law.

You may request that Iowa Audiology & Hearing Aid Centers restrict how your personal health information and identity are used to carry out treatment, payment or health care operations. Iowa Audiology & Hearing Aid Centers are not required to agree to your restrictions, but if Iowa Audiology & Hearing Aid Centers does agree, then Iowa Audiology & Hearing Aid Centers are bound to abide by such restrictions.

Patient Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

Photo ID Obtained: ☐ Yes ☐ No ☐ Not Available (Child and/or Nursing Home Resident)

### OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment of this ***Notice of Privacy Practices Identity Theft Prevention/Detection and Red Flag Rule Compliance Acknowledgement*** but was unable to do so, as documented below:

| Date: | Initials: | Reason: |
|---|---|---|
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