

Notice of Privacy Practices

Effective Date: February 16, 2026, revised June 1, 2026

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Your Reproductive Health Prohibition or PHI will not be disclosed to investigate or prosecute lawful reproductive health care.

Get an electronic or paper copy of your medical record

- You have the right to receive your medical records in the electronic form and format you request, if it is readily producible. We can also send your records directly to a third party you designate in a signed, written request.
- We will provide a copy or a summary of your health information as soon as possible, but no later than 30 days from receiving your request.
- If you request a copy of your information, we may charge a reasonable, cost-based fee. This fee only includes the cost of labor for copying, supplies (such as paper or a USB drive) and postage. We will not charge you a fee for searching for or retrieving your records.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, through your home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request, and we may say “no” if it affects your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, as well as certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free, but we will charge a reasonable, cost-based fee if you ask for another within 12 months.



Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you may file a complaint by contacting us using the information provided on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW, Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- At no time will Iowa Audiology & Hearing Aid Centers engage in any fundraising and/or use protected health information of any patient.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations, such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to materials
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

This Notice of Privacy Practices applies to the following organizations:

- Iowa Audiology & Hearing Aid Centers

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services.

If you have a question about this notice or wish to file a complaint with us, please contact our Privacy Officer, Jason E. Aird, Au.D., Iowa Audiology & Hearing Aid Centers, at (319) 338-6043, jasonaird@heariowa.com or 1006 5th St., Suite 100, Coralville, IA 52241.

All complaints must be submitted in writing. Iowa Audiology & Hearing Aid Centers will not retaliate against you for filing a complaint.

Iowa Audiology & Hearing Aid Centers

(319) 338-6043

1006 5th St.

Suite 100

Coralville, IA 52241

Privacy Officer: Jason E. Aird

Email: jasonaird@heariowa.com