Doc Side Audiology LLC

Anchored in FL to aid in all of your communication needs!

2085 Siesta Dr., Ste. 3, Sarasota, FL 34239 · By appointment

815 Cypress Village Blvd., Ste. A, Sun City Center, FL 33573 · By appointment

NOTICE OF PRIVACY PRACTICES

Effective date: January 1, 2026 Version 2026.1

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

Doc Side Audiology, LLC ("we," "us," "our") is required by law to maintain the privacy of your protected health information, to give you this Notice of our legal duties and privacy practices, to notify you following a breach of unsecured protected health information, and to abide by the terms of the Notice currently in effect.

"Protected health information" (PHI) means information that identifies you and relates to your past, present, or future physical or mental health, the care we provide you, or payment for that care. Your audiogram, your tinnitus questionnaires, your hearing aid records, your appointment history, and your contact information are all PHI.

This Notice applies to all records of your care generated by this practice, at either location.

How we may use and disclose your health information without your written authorization

Treatment

We use your health information to provide, coordinate, and manage your hearing and balance care, and we may disclose it to other providers involved in your care. For example, we may send your audiogram and report to your primary care physician or an ENT, share information with a physician we are referring you to for a medical evaluation, or provide information to a hearing aid manufacturer in order to program, repair, or replace your devices.

Payment

Doc Side Audiology is a private-pay practice and does not file insurance claims on your behalf. We use your information to bill you and to collect payment for the services we provide. If you ask us for an itemized receipt so that you may seek reimbursement from your own health plan, that receipt will contain your health information; by requesting it, you are asking us to release that information to you for your use.

Health care operations

We use your health information to run our practice well and make sure you receive quality care — for example, reviewing our clinical outcomes, training staff and students, evaluating the performance of our audiologists, arranging

for legal or accounting services, and conducting business planning. We may also contact you with appointment reminders and information about treatment alternatives or health-related benefits and services that may interest you.

Appointment reminders and communication with you

We may contact you by phone, text message, email, or postal mail to remind you of an appointment, tell you a device or repair is ready, or let you know it is time for your annual re-care visit. On our intake form you tell us which methods you consent to, whether we may leave a detailed voice message, and whether you want promotional communication. You may change these choices at any time by telling us or, for text messages, by replying STOP.

Please understand that ordinary text messages and ordinary email are not encrypted. If you ask us to communicate with you that way, there is some risk that someone other than you could see the message.

People involved in your care

If you have told us in writing that a family member, friend, or other person is authorized, we may share with them information relevant to their involvement in your care or payment — for example, discussing your results with your spouse, or letting your adult child pick up your hearing aid supplies. If you have not designated anyone, and you are present and able to make decisions, we will ask your permission or give you the chance to object before sharing. If you are not present or are incapacitated, we may use professional judgment to disclose information directly relevant to a person's involvement in your care when we determine it is in your best interest.

Other uses and disclosures permitted or required by law

We may use or disclose your health information without your authorization in the following circumstances, subject to the conditions and limits the law places on each:

- **As required by law —** when federal, state, or local law requires the disclosure.
- **Public health activities —** to prevent or control disease, injury, or disability; to report births and deaths; to report reactions to medications or problems with medical devices, including reporting hearing device adverse events to the FDA or a manufacturer; and to notify a person who may have been exposed to a communicable disease.
- **Victims of abuse, neglect, or domestic violence —** to a government authority authorized to receive such reports, as required or permitted by law.
- **Health oversight activities —** to an agency conducting audits, investigations, inspections, licensure actions, or civil, administrative, or criminal proceedings related to oversight of the health care system.
- **Judicial and administrative proceedings —** in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process where the required assurances about notifying you or protecting the information have been met.
- **Law enforcement —** for limited purposes such as responding to a court order or grand jury subpoena, identifying or locating a suspect or missing person, providing information about a victim of a crime under specified conditions, reporting a death we believe resulted from criminal conduct, or reporting a crime occurring on our premises.
- **Coroners, medical examiners, and funeral directors —** to permit them to carry out their duties.
- **Organ, eye, and tissue donation —** to organizations that handle procurement, banking, or transplantation.
- **Research —** when an institutional review board or privacy board has approved a waiver of authorization, or in limited circumstances preparatory to research.
- **To avert a serious threat to health or safety —** when we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to you or the public, and the disclosure is to someone able to help prevent the threat.
- **Military, veterans, national security, and protective services —** as authorized by law for members of the armed forces, for national security and intelligence activities, and for protective services for the President and others.

- **Workers' compensation —** as authorized by and to the extent necessary to comply with workers' compensation and similar programs, including occupational hearing conservation programs where applicable.
- **Inmates and correctional institutions —** if you are an inmate, to the correctional institution or a law enforcement official as permitted by law.
- **Business associates —** to companies that perform services for us — such as our practice management software, billing, IT support, shredding, or answering service — each of which is required by written agreement to safeguard your information.

Uses and disclosures that require your written authorization

The following always require your written authorization, which you may revoke at any time in writing (a revocation does not undo disclosures we already made in reliance on it):

- Most uses and disclosures of psychotherapy notes, if any are maintained.
- Uses and disclosures for marketing purposes, when we would receive payment from a third party for making the communication.
- Any sale of your protected health information.
- Any other use or disclosure not described in this Notice.

We do not sell your protected health information.

More protective state and federal law

Where Florida law or another federal law provides greater protection than HIPAA for a particular category of information — for example, records relating to HIV or AIDS testing, mental health treatment, or substance use disorder treatment — we follow the more protective rule.

Your rights regarding your health information

You have the following rights. To exercise any of them, contact our Privacy Officer using the information at the end of this Notice. Most requests must be made in writing.

Inspect and copy	You may inspect and obtain a copy of your health information in our designated record set. If we maintain it electronically, you may request an electronic copy, and you may direct us to transmit a copy to a person you designate. We may charge a reasonable, cost-based fee. We may deny access in limited circumstances, and certain denials are reviewable by a licensed health care professional.
Amend	If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We may deny the request if the information was not created by us, is not part of the designated record set, is not available for inspection, or is accurate and complete. If we deny it, you may submit a statement of disagreement that will be included with the record.
Accounting of disclosures	You may request a list of certain disclosures we made of your health information. The accounting excludes disclosures for treatment, payment, and health care operations, disclosures you authorized, and several other categories. One accounting in any 12-month period is free.
Request restrictions	You may ask us to restrict how we use or disclose your information for treatment, payment, or health care operations, or to a person involved in your care. We are not generally required to agree, but if we do agree we will honor it except in an emergency.
Mandatory restriction	We must agree to your request not to disclose information to a health plan when the

	disclosure is for payment or health care operations and you have paid for the item or service in full, out of pocket. Because we are a private-pay practice and do not file claims, this restriction applies to essentially all of your care with us.
Confidential communications	You may ask us to communicate with you in a particular way or at a particular location — for example, only by mail, only at your cell number, or never by voicemail. We will accommodate reasonable requests and will not ask you why.
Paper copy of this Notice	You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
Breach notification	You have the right to be notified if we discover a breach of your unsecured protected health information.
Choose someone to act for you	If you have given someone medical power of attorney, or if someone is your legal guardian or health care surrogate, that person can exercise your rights and make choices about your health information. We will verify their authority before acting.

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 in writing that we may. If you tell us we may, you may change your mind at any time in writing.

Changes to this Notice

We reserve the right to change this Notice and to make the revised Notice effective for health information we already have as well as any information we receive in the future. The current Notice will always be posted in each office, available at docsideaud.com, and available in paper form on request. The effective date appears at the top of the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you, and filing a complaint will not affect your care with us in any way.

To complain to us

Privacy Officer: Kelly Breese, Au.D.

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Call or text: (941) 366-2240 · Email: drkelly@docsideaud.com

To complain to the federal government

Office for Civil Rights, U.S. Department of Health and Human Services

200 Independence Avenue SW, Washington, D.C. 20201

Phone: 1-800-368-1019 · TDD: 1-800-537-7697

Online: www.hhs.gov/ocr/privacy/hipaa/complaints/