

HIPAA Privacy Practices & Terms and Conditions

Effective Date: September 1, 2025

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION

At Jack Anderson & Associates, LLC Hearing Care, we understand that your health information is personal. We are committed to protecting it in full compliance with the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and **Wisconsin State Law (Wis. Stat. § 146.82)**.

We create and maintain records of the care and services you receive so that we can provide quality hearing care and comply with federal and state requirements.

By law, we are required to:

- Maintain the privacy and security of your PHI.
 - Provide you with this Notice describing our legal duties and privacy practices.
 - Abide by the terms of this Notice while ensuring compliance with both **HIPAA** and **Wisconsin law**.
-

II. HOW WE MAY USE AND DISCLOSE YOUR PHI

Treatment, Payment, and Health Care Operations

As permitted under HIPAA and Wisconsin law, we may use and disclose your PHI without written authorization for:

- **Treatment:** e.g., sharing audiology test results with a physician.
- **Payment:** e.g., submitting claims to insurance.
- **Health Care Operations:** e.g., compliance reviews, quality assurance, internal record-keeping.

Appointment Reminders and Service Notices

We may use your PHI to contact you with appointment reminders, follow-up instructions, and hearing aid or device service updates.

III. MOBILE COMMUNICATIONS & SMS DISCLOSURE (HIPAA COMPLIANT)

We use SMS/text messaging in a manner consistent with HIPAA Privacy and Security Rules and Wisconsin law.

1. **Permitted Uses**
 - Text messaging will only be used for HIPAA-compliant purposes: appointment reminders, confirmations, or responding to texts that you initiate.
 - PHI will not be transmitted by SMS unless initiated by you.
 2. **No Third-Party Sharing**
 - Your mobile number will never be sold, rented, or shared for marketing purposes.
 3. **Patient Consent (Opt-In)**
 - By providing your number, you consent to receive HIPAA-compliant texts for scheduling and service-related communications.
 4. **Opt-Out**
 - You may opt out anytime by replying **STOP**. We will immediately update our client portal and remove you from text messaging.
 5. **HIPAA Safeguards**
 - We apply administrative, technical, and physical safeguards to protect PHI in compliance with HIPAA and Wisconsin law.
-

IV. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses and disclosures require your written authorization:

- **Marketing:** We will not use or disclose PHI for marketing without your authorization.
 - **Sale of PHI:** We do not and will not sell your PHI.
-

V. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION

HIPAA and Wisconsin law allow us to disclose PHI without authorization under limited conditions:

- Public health reporting (e.g., suspected abuse).
 - Health oversight audits and investigations.
 - Law enforcement, but **only when legally required**.
 - Coroner/medical examiner duties.
 - Workers' compensation claims.
 - Appointment reminders and health-related services.
-

VI. ADDITIONAL REQUIREMENTS UNDER WISCONSIN LAW

- **Confidentiality:** Under Wis. Stat. § 146.82, all patient health care records are strictly confidential and may only be released with your **informed consent** or as permitted by law.
 - **Court Orders:** PHI may be disclosed in legal proceedings **only with a lawful court order**. Subpoenas or discovery requests alone are **not sufficient** under Wisconsin law.
 - **Health Care Operations:** We may use or disclose PHI for health care operations only to the extent permitted under both HIPAA and Wisconsin law.
-

VII. YOUR RIGHTS UNDER HIPAA & WISCONSIN LAW

You have the following rights:

1. **Request Restrictions** – You may request limits on certain uses/disclosures of PHI.
 2. **Confidential Communications** – You may request PHI be sent to an alternate address/number.
 3. **Access & Copies** – You may inspect and obtain copies of your health records within **30 days** (HIPAA allows 30, Wisconsin may require sooner for some records).
 4. **Amendments** – You may request corrections to PHI; we will respond within 30 days.
 5. **Accounting of Disclosures** – You may request a list of disclosures made within six years.
 6. **Copy of this Notice** – You may request a paper or electronic copy at any time.
-

VIII. HIPAA & WISCONSIN COMPLIANCE STATEMENT

Jack Anderson & Associates, LLC Hearing Care complies with:

- **HIPAA Privacy, Security, and Breach Notification Rules**
- **Wisconsin Statute § 146.82** and related laws governing patient confidentiality
- **FCC and TCPA requirements** for mobile/SMS communications

We maintain administrative, technical, and physical safeguards to protect your PHI, whether in paper, electronic, or verbal form.

IX. ACKNOWLEDGEMENT OF RECEIPT

By signing below, you acknowledge receipt and understanding of this HIPAA and Wisconsin-compliant Notice of Privacy Practice
