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**Nilsson Audiology &
Hearing Aid Clinic LLC**

Hearing Care From The Heart

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PATIENT GUIDE

Nilsson Audiology & Hearing Aid Clinic, LLC wants you to be aware of the Federal Government rules and regulations that are in place to protect your health information. Nilsson Audiology & Hearing Aid Clinic, LLC is committed to helping you understand these rules and regulation so that we can most effectively treat you. Nilsson Audiology & Hearing Aid Clinic, LLC provides documents that tell you how information that may identify you and that relates to your audiological/health care will be used. Some of these documents must be signed by you to show you received and understand them and to enable the highest level of care by Nilsson Audiology & Hearing Aid Clinic, LLC.

This pamphlet provides an overview of the documents you will receive from Nilsson Audiology & Hearing Aid Clinic, LLC.

Notice of Privacy Practices

The Notice of Privacy Practices is a lengthy document that goes into detail to fully inform you about how your health information is used. In a nutshell, the Notice of Privacy Practices covers the following topics:

- How Nilsson Audiology & Hearing Aid Clinic, LLC manages and protects your health information.
- How you can restrict certain uses and disclosures of your protected health information
- Your rights in requesting information about your protected health information; and
- Contact information if you have any questions or concerns regarding your protected health information.
- Nilsson Audiology & Hearing Aid Clinic, LLC requests that you sign an acknowledgement that you received the Notice of Privacy Practices.

Authorization to Use and Disclosure

To assist Nilsson Audiology & Hearing Aid Clinic, LLC in providing the best care possible and to communicate with those close to you and other health professionals that may be treating you, Nilsson Audiology & Hearing Aid Clinic, LLC provides you a form to let us know who we can share your health information with.

Marketing Authorization

The marketing authorization form authorizes Nilsson Audiology & Hearing Aid Clinic, LLC to contact you with various product and/or treatment options related to your audiological/health care. Nilsson Audiology & Hearing Aid Clinic, LLC may receive compensation for these communications. The authorization form gives you the option of either:

- Authorizing all marketing communications.
- Requiring authorization for any one marketing communication.
- Prohibiting any marketing communication.

Questions/Comments

Please do not hesitate to ask us any questions you may have about your protected health information. You may contact our Privacy Officer, Sherri Rogers, at (360) 895-3347 or office@nilssonaudiology.com.