

Harbor Hearing Notice of Privacy Practice

This privacy policy explains how Harbor Hearing uses and protects any information that you give Harbor Hearing. We are committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified, you can be assured that it will only be used in accordance with this privacy statement. Harbor Hearing may change this policy from time to time. Check with us periodically to ensure that you are aware of all changes. This policy is effective from October of 2018.

What we collect

We may collect the following information:

- Name
- Contact information including email address
- Demographic information such as post code, preferences and interests
- Other information relevant to customer survey and/or offers

What we do with the information we gather

We require this information to understand your needs and provide you with a better service, and in particular for the following reasons:

- Internal record keeping
- We may use the information to improve our products and services
- We may periodically send promotional email about new products and/or services, special offers or other information which we think you may find interesting using the email address which you have provided
- From time to time, we may also use your information to contact you for market research purposes. We may contact you by email, phone, or mail
- We will never sell your information

Security

We are committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have put in place suitable physical, electronic, and managerial procedures to safeguard and secure the information we collect online.

Controlling your personal information

We will not sell, distribute, or lease your personal information to third parties unless we have your permission or are required by law. We may use your personal information to send you promotional information about third parties which we think you may find interesting if you tell us that you wish this to happen.

If you believe that any information we are holding on you is incorrect or incomplete, please write to or email us on our Contact Us page as soon as possible. We will promptly correct any information found to be incorrect.

Acknowledgement of Receipt of Notice of Privacy Practice

I understand that under the Health Insurance Portability & Accountability Act of 1966 (HIPAA), I have certain rights to privacy regarding my protected health information. I have reviewed your Notice of Privacy Practices containing a more complete description of uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name

Relationship to Patient

Signature of patient or legal guardian

Date