



NOTICE OF PRIVACY PRACTICES

Olympic Hearing & Balance, a Hear Northwest company

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.

Effective date of this Notice: June 1, 2026

This Notice replaces and supersedes all earlier Notices of Privacy Practices issued by Olympic Hearing & Balance, including any Notice previously issued by Integrity Hearing Services, PS, and remains in effect until we replace it.

ABOUT THIS NOTICE AND WHO FOLLOWS IT

Hear Northwest, PLLC, is a clinician-owned audiology organization headquartered at 49 Front Street N., Issaquah, WA 98027. Olympic Hearing & Balance is a registered trade name (d/b/a) of Hear Northwest, PLLC, and is the health care provider giving you this Notice. This Notice is provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations at 45 C.F.R. Parts 160 and 164, as amended, and under Washington's Uniform Health Care Information Act, chapter 70.02 RCW.

Protected health information (also called PHI or health information) is information about you that may identify you and relates to your past, present or future physical or mental health condition; the audiological and health care services you receive; or payment for those services. We are required by law to maintain the privacy of your protected health information, to give you this Notice of our legal duties and privacy practices and to follow the terms of the Notice that is currently in effect.

Who will follow this Notice

This Notice applies to every Hear Northwest clinic location listed below and to all audiologists, hearing instrument specialists, audiology assistants, patient care coordinators, billing and administrative staff, students and trainees, contractors, volunteers and other workforce members who create, receive or use your health information on our behalf. It also applies to Hear Northwest personnel who support our clinics—including centralized billing, insurance verification, patient support, scheduling, information technology and administrative teams—and to our business associates, who are contractually required to safeguard your health information.

Hear Northwest clinics covered by this Notice

Hear Northwest, PLLC, is a single legal entity and a single covered entity under HIPAA. It delivers care under three registered trade names—Eastside Audiology, Olympic Hearing & Balance and Seattle Hearing & Balance. Because all of these clinics are part of one organization, your health information may be shared among them as needed for your treatment, for payment and for our health care operations; only the minimum information necessary is shared for purposes other than treatment.

This Notice covers all Hear Northwest clinic locations, which are listed below. If you receive care at more than one location, you will receive one Notice from the clinic where you are seen, and the same privacy practices apply everywhere.



Olympic Hearing & Balance locations covered by this Notice

Clinic	Street Address	City, State, ZIP	Phone
Silverdale	9576 Ridgetop Blvd. NW, Ste.103	Silverdale, WA 98383	360-551-4800, option 1
Vashon	17147 Vashon Highway SW, Ste. 101	Vashon, WA 98070	360-551-4800, option 2
University Place	3560 Bridgeport Way W., Ste. 3D	University Place, WA 98466	360-551-4800, option 3
Lakewood	7525 Custer Road W.	Lakewood, WA 98499	253-476-4327 (V/TDD)

Eastside Audiology locations covered by this Notice

Clinic	Street Address	City, State, ZIP	Phone
Issaquah	49 Front Street N.	Issaquah, WA 98027	425-391-3343
Mill Creek	13119 Seattle Hill Road, Ste. 1-102	Snohomish, WA 98296	425-332-3537
Woodinville	13515 NE 175th Street, Ste. D	Woodinville, WA 98072	425-485-8430
Renton	4180 Lind Ave. SW	Renton, WA 98057	425-657-0246

Seattle Hearing & Balance locations covered by this Notice

Clinic	Street Address	City, State, ZIP	Phone
Seattle (Cherry Hill)	1600 E Jefferson Street, Ste. 202	Seattle, WA 98122	206-320-5687

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The categories below describe the different ways we may use and disclose your health information. Not every permitted use or disclosure is listed, but every use or disclosure we make will fall into one of these categories or will be made with your written authorization. Some categories apply only rarely, or not at all, to an audiology practice.

Uses and disclosures for treatment, payment and health care operations

- 1. Treatment.** We may use and disclose your health information to provide, coordinate or manage your audiological and vestibular care and related services—for example, hearing and balance evaluations, tinnitus care, earmold impressions, hearing aid fittings, programming, repairs and follow-up. We may disclose your health information to other providers involved in your care, such as your primary care physician, an otolaryngologist, a neurologist, a vestibular physical therapist, a laboratory or an imaging center, so they have the information needed to diagnose or treat you. We may also disclose information to hearing aid and device manufacturers as necessary to order, program, service or repair your devices.
- 2. Payment.** We may use and disclose your health information so that the services you receive may be billed to and paid for by you, your health plan, a government program such as Medicare, Medicaid (Apple Health) or the Department of Veterans Affairs or another third-party payer. This includes verifying your eligibility and benefits, obtaining prior authorization, determining medical necessity, conducting utilization review, submitting claims and appeals and collection activities.
- 3. Health care operations.** We may use and disclose your health information for our health care operations—activities necessary to run our clinics and make sure our patients receive quality care. Examples include quality assessment and improvement; reviewing the performance and competence of our clinicians and staff; training audiology students, externs and new team members; licensing and credentialing; accreditation; business planning; cost management; internal auditing; legal and compliance activities; and general administrative functions.
- 4. Appointment reminders, recall and care communications.** We may contact you—by telephone, voicemail, postcard, letter, email or text message—to remind you of an appointment, to let you know that a device or



order is ready, to schedule annual hearing evaluations or device checks, to follow up on your care or to tell you about treatment alternatives or other health-related products and services that may benefit you. If you would like us to use a specific phone number, address or method of contact or to stop a particular type of communication, please tell us in writing, and we will accommodate reasonable requests.

- 5. Marketing communications for which we are paid.** We will not use or disclose your health information for marketing purposes for which we receive financial payment from a third-party without your written authorization. Face-to-face communications with you and gifts of nominal value do not require authorization.
- 6. Fundraising.** We may use or disclose limited information—your name, address, other contact information, age, gender, date of birth, dates of service, department of service, treating clinician, outcome information and health insurance status—to contact you about fundraising for Hear Northwest, PLLC, or one of its clinics. You have the right to opt out of receiving fundraising communications, and every fundraising communication will tell you how to do so. Opting out will not affect your treatment or payment for services.
- 7. Family, friends and others involved in your care.** Unless you object, we may disclose to a family member, relative, close friend, caregiver or any other person you identify the health information that directly relates to that person's involvement in your care or in payment for your care. For example, if a family member brings you to an appointment, we may release your hearing aids, supplies or paperwork to that person. If you are not present or are unable to agree or object—for example, in an emergency—we may use our professional judgment to decide whether disclosure is in your best interest. We may also use or disclose your information to notify a family member, personal representative or another person responsible for the care of your location, general condition or death, and we may coordinate with disaster relief agencies for that purpose.
- 8. Personal representatives.** We will treat a person who has legal authority to act on your behalf—such as a parent or legal guardian of a minor, an attorney-in-fact under a valid durable power of attorney for health care, a court-appointed guardian or the personal representative of a deceased patient's estate—as we would treat you with respect to your health information, to the extent of that authority and as permitted by Washington law.
- 9. Electronic access, health information exchange and interoperability.** We maintain your records electronically. Where we offer a patient portal or other electronic access, we will not unreasonably interfere with your ability to access, exchange or use your electronic health information, consistent with the information blocking rules under the 21st Century Cures Act (45 C.F.R. Part 171). We may participate in health information exchanges or use certified health information technology that allows your treating providers and health plans to access your information for treatment, payment and health care operations. We will not charge you a fee simply for viewing or downloading your own health information through a patient portal we maintain.
- 10. Business associates.** We may disclose your health information to business associates that perform services for us—for example, billing and claims companies, practice management and electronic record vendors, information technology and cloud hosting providers, transcription services, answering and appointment reminder services, shredding and record storage companies, accountants and attorneys. We require each business associate, by written agreement, to appropriately safeguard your information and to use or disclose it only as permitted by that agreement and by law.
- 11. Change of ownership or practice transition.** If Hear Northwest, PLLC, or any of its clinics is sold, merged, acquired, dissolved or otherwise reorganized, or if a clinic location closes or transfers, your health information and records may be transferred to the successor owner or to another provider and may



become the property of that entity, which will then be responsible for maintaining their privacy under applicable law. Where required by law, we will notify you of the transfer and of how to obtain a copy of your records.

Uses and disclosures permitted or required without your authorization

- 1. As required by law.** We may use or disclose your health information when federal, state or local law requires it. The use or disclosure will be made in compliance with the law and limited to the relevant requirements of the law, and you will be notified of such uses or disclosures if the law requires notice.
- 2. Public health activities.** We may disclose your health information to a public health authority authorized by law to collect or receive it—for example, to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.
- 3. Health oversight activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and disciplinary actions and civil, administrative or criminal proceedings. This includes the Washington State Department of Health, the Washington Board of Speech-Language Pathology, Audiology, and Hearing Instrument Fitting, the Washington Health Care Authority, the U.S. Department of Health and Human Services and other agencies that oversee the health care system, government benefit programs and civil rights laws.
- 4. Abuse, neglect or domestic violence.** We may disclose your health information to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, including reports of suspected abuse, neglect, abandonment or financial exploitation of a child or of a vulnerable adult, as required by Washington law. Such disclosures will be made consistent with applicable federal and state law.
- 5. Food and Drug Administration.** We may disclose your health information to a person or company subject to the jurisdiction of the U.S. Food and Drug Administration to report adverse events, product defects or problems or biologic product deviations; to track products; to enable product recalls, repair or replacements; or to conduct post-marketing surveillance, as required or permitted by law. This may include reports involving hearing aids or other medical devices.
- 6. Judicial and administrative proceedings.** We may disclose your health information in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal and, where the applicable legal requirements are satisfied, in response to a subpoena, discovery request or other lawful process.
- 7. Law enforcement.** We may disclose your health information for law enforcement purposes when the applicable legal requirements are met—for example, in response to a court order, warrant, subpoena or administrative request; to identify or locate a suspect, fugitive, material witness or missing person; about a victim of a crime under limited circumstances; about a death we believe may have resulted from criminal conduct; or about criminal conduct on our premises.
- 8. Coroners, medical examiners, funeral directors and organ donation.** We may disclose your health information to a coroner or medical examiner for identification purposes, to determine the cause of death or to permit the coroner or medical examiner to carry out other duties authorized by law. We may disclose information to a funeral director, as authorized by law, so the funeral director can carry out their duties, including in reasonable anticipation of death, and we may use or disclose information for cadaveric organ, eye or tissue donation purposes.
- 9. Research.** We may use or disclose your health information for research when an institutional review board or privacy board has reviewed the research proposal and established protocols to protect the



privacy of your information, or as otherwise permitted by law. In most cases, we will ask for your written authorization before using your information for research.

- 10. To avert a serious threat to health or safety.** Consistent with applicable federal and state law, we may use or disclose your health information when necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health or safety of another person or the public, to someone able to help prevent the threat.
- 11. Military, veterans, national security and correctional institutions.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may disclose information to authorized federal officials for national security and intelligence activities and for protective services for the President and others. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to that institution or official as permitted by law.
- 12. Workers' compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation and similar programs that provide benefits for work-related injuries or illness, including Washington's industrial insurance program administered by the Department of Labor & Industries. This may include disclosures related to noise-induced hearing loss claims.
- 13. Breach notification.** We may use or disclose your health information as necessary to provide legally required notices of unauthorized access to, use of or disclosure of your unsecured health information to you, to regulators and, where required, to the media.
- 14. Disclosures required to you and to the government.** We are required by law to disclose your health information to you when you exercise your right of access and to the Secretary of the U.S. Department of Health and Human Services, when required, to investigate or determine our compliance with the HIPAA privacy, security and breach notification rules.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes, if any exist
- Uses and disclosures for marketing purposes for which a business associate or we receive financial remuneration from a third-party
- Disclosures that constitute a sale of your health information
- Any other use or disclosure not described in this Notice and not otherwise permitted or required by law

You may revoke a written authorization at any time by giving us written notice. A revocation will not apply to any use or disclosure we already made in reliance on your authorization, and it will not apply where the authorization was obtained as a condition of obtaining insurance coverage and another law gives the insurer a right to contest a claim or the coverage itself.

If a use or disclosure described in this Notice is prohibited or more strictly limited by another law that applies to us—including Washington law—it is our intent to follow the more stringent requirement.

SPECIAL PROTECTIONS UNDER WASHINGTON AND FEDERAL LAW

Certain categories of information receive protections that are stricter than HIPAA. Some parts of this Notice may not apply to these categories, and in most cases, we will not release this information without



your specific written authorization or a court order.

HIV/AIDS and sexually transmitted infections. Washington law (RCW 70.02.220 and chapter 70.24 RCW) prohibits us from disclosing, and from being compelled to disclose, the identity of a person on whom an HIV test is performed, the result of that test or a positive test result for another sexually transmitted infection, except in narrow circumstances specifically authorized by statute.

Mental health information. Washington law (RCW 70.02.230 and related provisions) imposes additional restrictions on the disclosure of information about mental health services and treatment.

Genetic information. Federal and state laws restrict the use and disclosure of genetic information, including family medical history, and prohibit its use for underwriting purposes.

Minors. A minor patient who is legally authorized under Washington law to consent to a particular health care service may exercise the rights described in this Notice with respect to information about that service, independently of a parent or guardian. Where Washington law gives a minor that authority, we may be required to withhold the related information from a parent or guardian.

Any health information we disclose to a third-party under this Notice may be subject to redisclosure by the recipient and may no longer be protected by federal or Washington privacy law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to the health information we maintain about you. To exercise any of these rights, please submit a written request to our privacy officer at the address at the end of this Notice, or ask any staff member for the appropriate form.

- 1. Right to be notified of a breach.** You have the right to be notified if we discover a breach of your unsecured health information.
- 2. Right to inspect and obtain a copy of your record.** You have the right to inspect and obtain a copy of the health information contained in your medical and billing records and in the other records we use to make decisions about you, including an electronic copy of information we maintain electronically, in the form and format you request if it is readily producible. Under Washington law (RCW 70.02.080), we will respond to your written request as promptly as required under the circumstances and no later than 15 working days after receiving it; if we cannot meet that deadline, we will tell you in writing why and give you a new date no later than 21 working days after your request. Federal law also permits up to 30 days with one 30-day extension, and we will apply whichever timeline is more protective of your rights. You may also direct us to send a copy of your electronic health information to a person or entity you designate.
- 3. Fees for copies.** We may charge a reasonable, cost-based fee for copies, permitted under both HIPAA (45 C.F.R. § 164.524) and Washington law (RCW 70.02.010 and the fee schedule at WAC 246-08-400, which is adjusted for inflation on a regular basis). The Washington schedule sets a per-page rate plus a clerical fee; we will tell you the current amount before we fill your request, and we will not charge you a fee simply to view or download your own information through a patient portal we maintain. Under federal law, certain records may be withheld, including psychotherapy notes, information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding and information subject to a law that prohibits access. If we deny your request, we will explain why in writing and, where applicable, tell you how to have the denial reviewed.
- 4. Right to request restrictions.** You may ask us not to use or disclose a part of your health information for treatment, payment or health care operations, or not to disclose it to a family member or friend involved

in your care. Your written request must state the specific restriction you want and to whom it should apply. We are not required to agree to a restriction, except that we must agree if you ask us not to disclose information to your health plan for payment or health care operations purposes and if the information relates solely to an item or service you have paid for out of pocket in full. If we do agree to a restriction, we will follow it unless the information is needed to provide you with emergency treatment.

5. **Right to request confidential communications.** You have the right to ask us to communicate with you about your health information by an alternative means or at an alternative location—for example, by mail to a different address or by calling a specific phone number. We will accommodate reasonable requests and will not ask you to explain the reason for your request.
6. **Right to request an amendment.** If you believe the health information we hold about you is incorrect or incomplete, you may ask us to amend it for as long as we maintain the information. Your written request must state the reasons supporting the amendment. Under Washington law (RCW 70.02.100), we will act on your request no later than 10 days after we receive it or notify you of a delay and give you a new date no later than 21 days after your request; federal law allows up to 60 days with one 30-day extension, and we will apply the more protective timeline. We may deny your request in certain cases. If we deny it, we will explain why, and you may file a statement of disagreement, to which we may prepare a rebuttal and will give you a copy.
7. **Right to an accounting of disclosures.** You have the right to request a list of certain disclosures we have made of your health information, generally covering the six years before the date of your request. This right does not extend to disclosures for treatment, payment or health care operations, disclosures made to you or with your authorization, disclosures to family or friends involved in your care or certain other disclosures permitted by law. The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests and will tell you the cost in advance so you can withdraw or modify your request.
8. **Right to a paper copy of this Notice.** You have the right to receive a paper copy of this Notice on request at any time, even if you have agreed to receive it electronically. Ask any staff member, or find the current Notice posted at each of our clinics and on our website.
9. **Right to 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 verify the person's authority before we act.
10. **Right to file a complaint.** You have the right to complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated, and we will not retaliate against you for filing a complaint. See below.

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, and you may change your mind at any time by telling us in writing.
- We will use, disclose and request only the minimum amount of health information necessary to accomplish the purpose, except when disclosing to you, when you have authorized the disclosure, when disclosing for treatment and in certain other circumstances permitted by law.



CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time and to make the revised Notice effective for health information we already have about you, as well as for any information we receive in the future. When we make a material change, we will promptly revise this Notice, post the current version in a clear and prominent place at each of our clinic locations and on our website and make copies available on request at the clinic where you are seen. The Notice will show its effective date.

NONDISCRIMINATION, LANGUAGE ACCESS AND ACCESSIBILITY

Hear Northwest, PLLC, and its clinics comply with applicable federal civil rights laws, including Section 1557 of the Affordable Care Act and do not discriminate on the basis of race, color, national origin, sex, age or disability. We provide free language assistance services to individuals with limited English proficiency and free appropriate auxiliary aids and services to individuals with disabilities—including qualified interpreters, written information in other formats and assistive listening support—when needed for effective communication. Our Notice of Nondiscrimination and our Notice of Availability of Language Assistance Services and Auxiliary Aids and Services are provided with this Notice and are posted at each clinic and on our website. To request assistance, please contact the clinic where you receive care.

QUESTIONS AND COMPLAINTS

If you have a question about this Notice, would like to exercise any of the rights described above or believe your privacy rights have been violated, please contact our privacy officer. Complaints should be submitted in writing. We will not retaliate against you, and filing a complaint will not affect your care.

Privacy Officer

Mikie Pierre, Executive Director, Privacy Officer, Hear Northwest, PLLC
49 Front Street N., Issaquah, WA 98027
Phone: 425-391-3343 Email: mpierre@hearnw.com

Or contact the clinic where you receive care.

U.S. Department of Health and Human Services

You may also file a complaint with the federal government at no cost. We will not retaliate against you for filing a complaint.

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

200 Independence Ave. SW, Room 509F, Hubert H. Humphrey Building, Washington, DC 20201 Phone: 1-800-368-1019 TDD: 1-800-537-7697
Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Washington State Department of Health

You may also file a complaint with the Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857, or by phone at 360-236-4700.

This Notice of Privacy Practices is effective June 1, 2026 and supersedes all prior versions.