



Privacy Policy & HIPAA Notice of Privacy Practices

Effective Date: September 15, 2026 | Licensed Hearing Instrument Specialists | Downey, CA

Important: This document serves as both our **HIPAA Notice of Privacy Practices** and our **Website Privacy Policy**. As a hearing aid dispensing practice, we are required by federal law to provide you with this notice and to abide by its terms.

Table of Contents

01	Who We Are
02	What Is Protected Health Information (PHI)?
03	How We May Use and Disclose Your PHI
04	Your Rights Regarding Your Health Information
05	Our Duties
06	Website Privacy Policy
07	Text Message (SMS) Communications
08	How to File a Complaint
09	Contact Us

01 Who We Are

Clear Sound Hearing Care is a licensed hearing aid dispensing practice located at 9901 Paramount Blvd., Suite 236 (Second Floor), Downey, CA 90240. As a healthcare provider, we are a **Covered Entity** under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, including the HIPAA Privacy Rule, Security Rule, and Breach Notification Rule.

This Notice describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, and healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices, to notify you if a breach of your unsecured PHI occurs, and to abide by the terms of this Notice.

02

What Is Protected Health Information (PHI)?

Protected Health Information (PHI) is any information we maintain about you that relates to your past, present, or future physical health or condition; the provision of healthcare to you; or payment for healthcare services — and that identifies you or could reasonably be used to identify you.

PHI includes, but is not limited to:

- Your name, address, date of birth, and contact information
- Your hearing test results, audiograms, and diagnostic records
- Hearing aid prescription and fitting information
- Insurance information and billing records
- Notes from appointments and follow-up visits
- Any communications between you and our office regarding your hearing health

03

How We May Use and Disclose Your PHI

We use and disclose health information about you for the following purposes. These are the most common reasons; other uses and disclosures may also apply.

Treatment

We may use your PHI to provide, coordinate, or manage your hearing healthcare and related services. For example, we may share your audiogram results with a referring physician, or communicate with another hearing specialist involved in your care.

Payment

We may use and disclose your PHI to obtain payment for services we provide to you. This includes submitting claims to your insurance company, verifying coverage, and processing billing. For example, we may send your insurance carrier information about the hearing aids you received so they can process your claim.

Healthcare Operations

We may use and disclose your PHI to support the business activities of our practice. This includes quality assessment and improvement activities, reviewing the competence of our staff, conducting training, and other activities necessary to run our practice.

Appointment Reminders

We may contact you to remind you of appointments, provide information about treatment alternatives, or other health-related benefits or services that may be of interest to you.

As Required by Law

We will disclose your PHI when required to do so by applicable federal, state, or local law, including disclosures to public health authorities, law enforcement, or as authorized by court order.

Business Associates

We may share your PHI with third-party "business associates" (such as billing services, IT providers, or auditing firms) who help us operate our practice. We require all business associates to agree in writing to protect the privacy of your information in accordance with HIPAA.

Disclosures We Will Never Make Without Your Written Authorization

We will not use or disclose your PHI for any purpose not described in this Notice without your written authorization, except as permitted or required by law. This includes:

- Most uses of your PHI for marketing purposes
- Sale of your PHI
- Disclosure of psychotherapy notes (if applicable)

You have the right to revoke any written authorization you provide to us, except to the extent that we have already acted in reliance on that authorization.

Important: We do not sell, rent, or lease your health information to any third party for their independent use. Your information is used only to provide you with quality hearing healthcare and to operate our practice.

04

Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI. To exercise any of these rights, please submit a written request to our office using the contact information at the end of this Notice.

All requests to exercise your rights must be submitted in writing to our office. We will respond to your request within the time frames required by law, generally within 30 days.

Right to Inspect and Copy

You have the right to inspect and receive a copy of your PHI that we maintain in a designated record set. We may charge a reasonable fee for copies. We may deny your request in certain limited circumstances, and if so, we will explain why in writing.

Right to Amend

You have the right to request that we amend your PHI if you believe it is inaccurate or incomplete. We may deny your request if we believe the information is accurate and complete, or for other legally permissible reasons. If we deny your request, we will explain why in writing.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures we have made of your PHI during the six years prior to your request. This right does not apply to disclosures made for treatment, payment, or healthcare operations, or to disclosures you authorized in writing.

Right to Request Restrictions

You have the right to request that we restrict how we use or disclose your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request in most cases; however, if we do agree, we will honor that restriction. One exception: if you pay out-of-pocket in full for a service, you may request that we not disclose PHI about that service to your health plan, and we are required to honor that request.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a specific way or at a specific location. For example, you may ask us to contact you only at your work phone number or to send correspondence to a P.O. box. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically. Please contact our office to request a printed copy.

Right to Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured PHI. We will notify you without unreasonable delay and no later than 60 days after we discover the breach, as required by law.

05

Our Duties

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice describing our legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you if a breach of your unsecured PHI occurs

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Any revised Notice will apply to PHI we already hold about you as well as any PHI we receive in the future. We will post the revised Notice on our website and make printed copies available at our office. The effective date of the current Notice is stated at the top of this page.

06

Website Privacy Policy

This section describes how we collect and use information through our website at clearsoundhearingcare.com.

Information You Provide Voluntarily

When you submit our contact form to request an appointment or ask a question, we collect the information you provide: your name, phone number, email address, reason for contact, and insurance information. We use this information solely to respond to your inquiry and provide you with care. We do not use this information for marketing purposes or share it with third parties without your consent.

Information Collected Automatically

Like most websites, our site may use standard web technologies that collect certain non-identifying information, such as your browser type, the pages you visit, and the time and date of your visit. This information is used only to understand how our website is used and to improve your experience. It is not linked to any personally identifiable information.

Cookies

Our website may use cookies — small text files placed on your device — to improve functionality and user experience. We do not use cookies to collect personal health information or to track you across other websites. You may disable cookies in your browser settings; however, some parts of the site may not function properly if you do.

Google Maps

Our website uses Google Maps to display our office location. Google Maps is subject to [Google's Privacy Policy](#).

Third-Party Links

Our website may contain links to third-party websites. We are not responsible for the privacy practices or content of those sites and encourage you to review their privacy policies independently.

Data Security

We take reasonable technical and administrative measures to protect information submitted through our website. However, no internet transmission is completely secure, and we cannot guarantee the absolute security of information sent to us electronically. For sensitive health matters, we encourage you to contact us by phone.

Children's Privacy

Our website is not directed to children under the age of 13, and we do not knowingly collect personal information from children under 13. If you believe we have inadvertently collected such information, please contact us immediately so we can delete it.

07

Text Message (SMS) Communications

If you give us your mobile number and check the “**Opt-in to Text Messages**” box on our contact form — or give us consent in our office — we may send you text messages about your care. Opting in is voluntary and is **never a condition** of receiving treatment or of purchasing any product or service from us.

How We Use Your Mobile Opt-in Data

We will not sell, share or rent your Mobile Opt-in data to any third parties for marketing or promotional purposes.

Mobile opt-in and text message consent are never shared with third parties or affiliates for their own use. The only parties that receive your mobile number are the messaging providers that deliver our messages on our behalf, and they may use it solely for that purpose. Your mobile number and your consent to be texted are used only to send you the message types described below.

What We Will Text You About

- **Appointment Reminders** — messages regarding scheduled appointments
- **Customer Care/Support** — two-way text conversations, including answering patient questions
- **Feedback Requests** — survey requests asking patients for reviews or experience feedback
- **Office Notifications** — important updates including changes to operating hours

We do not send marketing or promotional text messages.

Message Frequency and Cost

Messages will be sent periodically based on your appointments and interactions with our office. Frequency may vary depending on the services you utilize. Message and data rates may apply — please check with your mobile carrier for details on messaging costs.

Stopping Messages and Getting Help

You can stop our text messages at any time by **replying STOP to any message you receive from us** — that stops further messages from the number that texted you. Most of our text messages are sent from **(562) 249-5091**, a dedicated number used by our practice management system on our behalf, and occasionally a member of our team may text you from one of our office numbers — so replying STOP to one number stops that number only. **To stop all text messages from our practice, text STOP to our main line at (562) 517-7507** or call the office, and we will remove your number from every office line and from our appointment reminder system. You will receive a final confirmation message and no further messages will be sent unless you opt back in. For assistance, text **HELP** to any message or visit our website at <https://clearsoundhearingcare.com>, or call the office. Opting out does not affect your care in any way.

Health Information in Text Messages

Standard text messaging is **not an encrypted or secure channel**, and messages may be visible to anyone with access to your phone. We keep the content of our text messages to the minimum necessary and avoid including detailed health information. If you would prefer we not use text messaging, or would prefer confidential communications by another method, tell us — you have that right under Section 04 of this Notice.

Full terms are set out in our [SMS Terms & Conditions](#).

08

How to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services (HHS). We will not retaliate against you for filing a complaint.

Complaint to Our Office

Please submit written complaints to the Privacy Officer at the address listed in Section 8 below, or by email to info@clearsoundhearingcare.com. We will acknowledge receipt of your complaint and investigate the matter promptly.

Complaint to HHS

You may file a complaint directly with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services:

- **Website:** www.hhs.gov/ocr/privacy/hipaa/complaints
- **Phone:** 1-800-368-1019 (toll-free) | 1-800-537-7697 (TDD)
- **Mail:** Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201

09

Contact Us

If you have questions about this Notice or wish to exercise any of your rights, please contact us:

- **Practice:** Clear Sound Hearing Care
- **Privacy Officer:** Office Manager
- **Address:** 9901 Paramount Blvd., Suite 236 (Second Floor), Downey, CA 90240
- **Phone:** [\(562\) 517-7507](tel:(562)517-7507)
- **Fax:** (562) 800-4015
- **Email:** info@clearsoundhearingcare.com

This Notice is effective as of **September 15, 2026**. If we make material changes to this Notice, we will post the updated version on our website and make printed copies available at our office.