

## **ENT AND VOICE CARE OF ATLANTA, INC.**

### **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF ENT AND VOICE CARE OF ATLANTA) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION (PHI). PLEASE REVIEW THIS NOTICE CAREFULLY.**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our office concerning your PHI. This notice will provide you with the following information:

- **How we may use and disclose your PHI**
- **Your privacy rights in your PHI**
- **Our obligations concerning the use and disclosure of your PHI**

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this notice. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT 770-939-7707.**

#### **C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:**

1. Treatment. Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us make a diagnosis. We may use your PHI to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you. The people who work for our practice, including, but not limited to, our doctor and staff, may use or disclose your PHI in order to treat you or assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

2. Payment. Our practice may disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

## **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

**The following categories describe unique scenarios in which we may use and disclose your PHI:**

- Release of Information to Family / Friends. Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to the child's medical information.
- Appointment confirmation, i.e. contacting you to confirm an appointment.
- Health related benefits, to inform you of benefits and services that might be of interest to you.
- Providing certain specified information to law enforcement or correctional institutions
- Providing information to a coroner, medical examiner, funeral director, or organ procurement organization.
- Public health activities when requested by a public health authority or the FDA.
- Responding to health oversight agencies.
- Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful purposes.
- Research activities.
- When necessary to avert a serious threat to health or safety.
- Military affairs, veteran's affairs, national security, intelligence, Department of State, or presidential protective services activities.
- Providing information regarding your location, general condition, or death to public or private disaster relief agencies.

## **E. AUTHORIZATION FOR OTHER USES**

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us a written authorization for use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to undo any disclosures we have already made with your permission, and are required to retain certain records of the uses and disclosures made when the authorization was in effect.

## **F. YOUR RIGHTS RELATED TO YOUR PROTECTED HEALTH INFORMATION**

**You have the following rights under the law:**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the federal department of Health Services, related to our facility's patient directory, or any of the disclosures described in section C of this notice. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and abide by the agreement except when you require emergency treatment.

2. The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by email rather than by regular mail, or never by telephone.) We must agree to your request as long as it would not be disruptive to our operations to do so. You may make any such request in writing to our Privacy Officer.

3. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to our Privacy Officer. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our

practice may deny your request to inspect/copy under certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional will conduct the reviews.

4. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend it. Any such request must be made in writing to the Privacy Officer, and it must state why you think the amendment is appropriate. We will deny your request if it is not in writing or it does not state why you think the amendment is appropriate. Also, we may deny your request if you ask us to amend information that:

- Is determined by us to be accurate and complete;
- Was not created by our practice, unless the person who created the information is no longer available to make the amendment;
- Is not part of the PHI we keep about you;
- Is not part of the PHI that you would be allowed to see or copy.

5. The Right to Obtain a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you, your family or friends, or to law enforcement personnel, or those made with your written authorization, or disclosures made prior to April 14, 2003. Your request must be submitted in writing to the Privacy Officer. The first list you request within a 12-month period will be free. You will be charged our costs for providing additional lists within the 12-month period.

6. The Right to Get a Paper Copy of This Notice. You may obtain a copy of the Notice at any time at our reception desk or by contacting the Privacy Officer at 770-939-7707.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Privacy Officer at 770-939-7707. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** You may also contact the Privacy officer if you have questions or comments about our privacy practices.