

Valley Ear, Nose & Throat Associates, PC

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you gain access to this information. Please review it carefully.

Protected health information, about you, is maintained as a record of your contacts or visits for healthcare services with our practice. Specifically, "protected health information" is information about you, including demographic information (i.e., name, address, phone number, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

Our practice is required to follow specific rules on maintaining the confidentiality of your protected health information, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how we follow applicable rules and use and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

If you have any questions about this Notice, please contact our Privacy Manager.

Your Rights Under The Privacy Rule

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

- * **You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** – We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all protected health information that we maintain at that time, as well as any information we receive in the future. Upon your request, we will provide you with a revised Notice of Privacy Practices. You may call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. This notice is also available on our website, www.valleyent.info
- * **You have the right to authorize other use and disclosure** – This means you have the right to authorize or deny any other use or disclosure of protected health information that is not specified within this notice. You may revoke an authorization, at any time, in writing, except to the extent that your Healthcare Provider or our office has taken an action in reliance on the use or disclosure indicated in the authorization.
- * **You have the right to designate a personal representative** – This means you may designate a person with the delegated authority to consent to, or authorize the use and disclosure of protected health information.
- * **You have the right to inspect and copy your protected health information** – This means you may inspect and obtain a copy of protected health information about you that is contained in your patient record for as long as we maintain the protected health information. A "patient record" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, you have the right to disagree, in writing, with the denial of access. Please contact our Privacy Manager if you have questions about access to your medical record.

We have the right to charge a reasonable fee for copies as established by professional, state or federal guidelines.

- * **You have the right to request a restriction of your protected health information** – This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. We have the right to terminate a restriction and will notify you in writing of such terminations. You may disagree with our termination of a restriction in written or verbal form. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Manager.

- * **You have the right to request an amendment to your protected health information** – This means you may request an amendment of your protected health information for as long as we maintain this information. In certain cases, we may deny your request for an amendment.
- * **You have the right to request a disclosure accountability** – This means that you may request a listing of disclosures that we have made, of your protected health information, to entities or persons outside our office other than for the purposes of treatment, payment, healthcare operations, or a purpose authorized by you.

How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- * **Treatment** – We may use and disclose your protected health information to provide, coordinate, or manage your healthcare and related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose protected health information to other Healthcare Providers who may be involved in your care and treatment.

We may also call you by name in the waiting room when your Healthcare Provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact

you to remind you of your appointment. We may contact you by phone or other means to provide results of exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. In addition, we may contact you to provide information about health related benefits and services offered by our office.

- * **Payment** – Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
- * **Healthcare Operations** – We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services and auditing functions. It also includes education, provider credentialing, certification, underwriting, rating, or other insurance-related activities. Additionally, it includes business administrative activities such as customer service, compliance with privacy requirements, internal grievance procedures, due diligence in connection with the sale or transfer of assets, and creating de-identified information.

Other Permitted and Required Uses and Disclosures

We may also use and disclose your protected health information in the following instances as outlined below. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

- * **To Others Involved in Your healthcare** – Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your Healthcare Provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed.
- * **As Required By Law** – We may use or disclose your protected health information to the extent that is required by law.
- * **For Public Health** – We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- * **For Communicable Diseases** – We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- * **For Health Oversight** – We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the

healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

- * **In Cases of Abuse or Neglect** – We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made in a manner that is consistent with the requirements of applicable federal and state laws.
- * **To The Food and Drug Administration** – We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, to monitor product defects or problems, to report biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.
- * **For Legal Proceedings** – We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- * **To Law Enforcement** – We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes; (2) limited information requests for identification and location purposes; (3) those pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the practice; and (6) medical emergency (not on the practice's premises) when it is likely that a crime has occurred.
- * **To Coroners, Funeral Directors and Organ Donation** – We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- * **For Research** – We may disclose your protected health information to researchers when an institutional review board has reviewed and approved the research proposal and established protocols to ensure the privacy of your protected health information.
- * **In Cases of Criminal Activity** – Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information, if it is necessary for law enforcement authorities, to identify or apprehend an individual.
- * **For Military Activity and National Security** – When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service.

- * **For Workers' Compensation** – Your protected health information may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.
- * **When an Inmate** – We may use or disclose your protected health information if you are an inmate of a correctional facility and your Healthcare Provider created or received your protected health information in the course of providing care to you.
- * **Required Uses and Disclosures** – Under the law, we must make disclosures about you when required by the Secretary of the Department of health and human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. To file a complaint with this office, please notify our Privacy Manager. All complaints must be submitted in writing. We will not penalize you in any way for filing a complaint.