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## **NOTICE OF PRIVACY PRACTICES**

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

If you should have any questions about this Notice please contact: Mary Kay Martin, Privacy Officer.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information", or PHI, is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with a copy of the most recent Notice of Privacy Practices.

### **I. Uses and Disclosures of PHI**

ENT Associates of Texas, PA will use or disclose your PHI as described in this section. Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your PHI that our office is permitted to make. This list is not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care for you. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, PHI may be disclosed to a physician to whom you have been referred to ensure the proper diagnosis and treatment. Other examples include: audiologists, physical therapists, pharmacies, laboratories, hospitals, and surgery centers.

**Payment :** Your PHI will be used, as necessary, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you; such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, medical necessity, and undertaking utilization review activities. For example, obtaining approval for a surgical procedure might require PHI be disclosed.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review, training of medical assistants or cooperative education students, licensing, marketing, and conducting or arranging for other business activities. For example, we may disclose your PHI to cooperative education students, who train in our office and

are privy to PHI. In addition, we maintain a sign-in sheet at the reception desk where you will be asked to sign your name and indicate your physician. We will also call your name in the waiting room when the physician is ready to see you. We will also disclose your protected PHI, as necessary, to contact you to remind you of your appointment.

We will share your PHI with third party "business associates" that performs various activities (e.g. billing and computer maintenance and support) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains items that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you information about products or services that may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Uses and Disclosure of PHI Based upon Your Written Authorization**

Other uses and disclosures of PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this written authorization, at any time, in writing, except to the extent that your physician or the practice has taken an action in reliance on the use of disclosure as indicated in the authorization.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. 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 judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, but is unable to do so, he/she may still use or disclose your PHI to treat you.

**Communication Barriers:** We may use or disclose your PHI if your physician, or another physician in the practice, attempts to obtain consent from you but is unable due to substantial communication barriers. The physician determines, using professional judgment that you intend to consent to use or disclose under the circumstances.

#### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your consent or authorization. The situations include:

**Required By Law:** We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or

disclosures.

**Public Health:** We may use or disclose your PHI for public health activities and purposes to a public health official that is permitted by law to collect or receive the information. The disclosure will be made for the purposes of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency collaborating with the public health authority.

**Communicable Diseases:** We may use or disclose your PHI, 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.

**Health Oversight:** We may use or disclose your PHI 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, and other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may use or disclose your PHI to a public health authority that is authorized by law to receive reports of abuse and neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the authorized government entity.

**Food and Drug Administration (FDA):** We may use or disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations. They may track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings :** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent a disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose your PHI, so long as legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and as otherwise required by law. (2) limited information requests for identification and location purposes. (3) pertaining to victims of crime. (4) suspicion that death is the result of criminal conduct. (5) in the event that a crime occurs on the premises of the practice. (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

**Coroner, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform their duties as required by law. We may also disclose your PHI to a funeral director as authorized by law, in order to permit the funeral director to perform his duties. We may disclose such information in reasonable anticipation of death. PHI may be used or disclosed for organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person of the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity or National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel. (1) for activities deemed necessary by appropriate command authorities, (2) for the purpose of the determination by the Department of Veterans Affairs of your eligibility benefits, (3) or, to foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

**Required Uses and Disclosures:** Under the law we must make disclosures to you and when required by the secretary of the Department of Health and Human Services to investigate or determine our compliance with the Section 164.500 et.seq.

## **2. Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that your physician and the practice use 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 PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision may be reviewable. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI.** This means you may ask us not to disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your case or for notification purposes as described in this Notice. Your request must state the specific restriction(s) requested and to whom you want the restrictions to apply.

ENT Associates of Texas, PA is not required to comply with any restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment with this in mind, please discuss any restriction you wish to request with your physician. You may also request a restriction by submitting it in writing and presenting it to our Privacy Officer, Mary Kay Martin.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternate address or other method of contact. We will not request an explanation from you as to the basis for your request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request. If we deny your request you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such. Please contact our Privacy Officer if you have questions or need additional information about amending your record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as directed in this Notice. It excludes disclosures made to you or members of your family of friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after September 1, 2004 . The right to this information is subject to certain exception, limitations, and restrictions.

**You have the right to obtain a paper copy of this notice from us.**

### **• Complaints**

If you would like to submit a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to

**Mary Kay Martin, Privacy Officer  
ENT Associates of Texas, PA  
4401 Coit Road, Suite 411  
Frisco , TX 75035  
Or**

[info@enttex.net](mailto:info@enttex.net)

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You may also send a written complaint to the United States Department of Health and Human Services at:

**Office for Civil Rights, Region VI  
US Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas , TX 75202  
(214) 767-4056**

You will not be penalized or otherwise subject to retaliation for filing a complaint.

**This notice becomes effective on September 1, 2004**