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Notice of Privacy Practices

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.

Uses and Disclosures

Treatment:

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment:

We may use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Business Associates:

We may also disclose your health information as necessary to third parties who provide services to the practice. These third parties are called business associates and they may include accreditation services, lawyers, consultants, copying or transcription services, and other similar entities. Any time we have an arrangement with a business associate, we will have a written contract that requires the business associate to appropriately safeguard your health information.

Healthcare Operations:

Your health information may be used as necessary to support the day-to-day activities and management of Ear Nose & Throat Associates. For example, information on the services you received may be used to support business planning, training and activities to evaluate and promote quality.

Individuals Involved in Your Care and Notification:

Unless you object, we may disclose your information to a friend or family member who is involved in your care. We may also release your information so that your family or another person responsible for your care can be notified of your location and general condition. If you are unable to object, we may disclose such information if we determine, in our professional judgment, that it is in your best interests. The release of information is to include but not limited to emergent situations.

Research:

We may disclose information 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 health information.

Required by Law/Legal Proceedings:

We may disclose health information as required by federal, state, or local law. Under certain circumstances, we may make disclosures pursuant to judicial or administrative proceedings, or in response to a court order or certain subpoenas.

Specialized Purposes:

We may disclose health information for a number of other specialized purposes, such as for national security or protection purposes. We may also disclose information if we decide the disclosure is necessary to prevent serious harm to the public or to an individual. This disclosure will only be made to someone who is able to prevent or reduce the threat.

Workers Compensation:

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Government Agencies:

Federal Law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or to a federal agency investigating our compliance with the federal privacy regulations.

Additional Uses of Information:

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Individual Rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Ear Nose & Throat Associates Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information:

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints:

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

Pamela Dungey, Privacy Official, Ear Nose & Throat Associates, 3190 North McMullen Booth Road, Suite 100, Clearwater, FL 33761 or The Department of Health and Human Services.

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 will not be penalized or otherwise retaliated against for filing a complaint.

SIGNATURE:

DATE: _____

My protected health information may be release to:

NAME: _____

NAME: _____