

NOTICE OF PRIVACY PRACTICES

Ear, Nose & Throat Associates MD PA
9711 Commerce Center Ct.
Fort Myers, FL. 33908
(239)939-2621 Voice / (239)939-3875 Fax

FOR YOUR PROTECTION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR RECORDS ARE PRIVATE

We understand that information we collect about you is personal. Keeping these records private is one of our most important responsibilities. ENT Associates follows the HIPAA regulations which require many safeguards to protect your privacy. For this notice, we will use the term "records" to mean the paper or electronic records we maintain about you.

WHO SEES AND SHARES MY RECORDS:

Your records may be used and disclosed by the employees of ENT Associates, who serve you, as well as persons or agencies who work for us and sign strict confidentiality contracts.

In general, we may use and disclose your information for treatment, payment and healthcare operations. Examples included, but not limited to:

- Providing treatment for your medical problem, including ordering of lab test, x-rays or making referrals to other healthcare providers and consulting with other medical providers you have seen (as provided to us in your record).
- To secure payment, for example, a billing agent, who will be electronically transmit billing information to you insurance/ insurances or 3rd party payers.
- Certain business associates, who are under contract to maintain confidentiality, may see your information. For example, if an overpayment is made to your account and we issue you a refund check, our accountants may see this refund check.
- For other operations to operate and manager ENT Associates: these include improving quality of care, training of staff, managing costs, and conducting other business duties. For example, a quality assurance reviewer may audit your records to determine whether appropriate services were provided.
- A call to remind you of an upcoming appointment.

WHO MAY HAVE MY RECORDS WITHOUT MY PERMISSION?

There are limited situations when we are permitted or required to disclose all or part of your records, without your signed permission. These include, but are not limited to.

- Reports to public health authorities to prevent or control disease or other public health activities.
- To protect victims of abuse, neglect, or domestic violence.
- For oversight including investigations, audits, accreditation and inspections, such as are conducted by the State Department of Health, or federal agencies.
- Subpoena, court order, or other legal process compels us to release information.
- Reports to law enforcement agencies when reporting suspected crimes, when responding to an emergency or in other situations when we are legally required to cooperate.
- In connection with an emergency or to reduce or prevent serious threat to public health and safety.
- To coroners, medical examiners and funeral directors.
- To victims of alleged violence or sex offenses.
- For specialized government functions including national security, protection the president, operation government benefit programs and caring for prisoners.
- In connection with "whistleblowing" by an employee of ENT Associates.

ALL OTHER USES NOT DESCRIBED ABOVE REQUIRE THAT WE OBTAIN YOUR SIGNED PERMISSION AS DESCRIBED BELOW.

WHAT IF MY RECORDS NEED TO GO SOME PLACE ELSE:

For any purpose not described above, we will release your information only with your explicit written authorization. Federal law requires that we notify you that all healthcare providers must obtain your explicit permission to release your information for any of the following.

- To release psychotherapy Notes.
- For marketing purposes.
- To sell information about you.

Please note that it is not and has never been this practice's policy to sell information about you or to use your information for marketing.

WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS AND THE ACCURACY OF MY RECORDS:

- You may have a copy of your records with a written request, (there may be a small copying fee associated).
- If you request, we will mail all communications to a confidential address.
- If you request, we will provide a list of any places where your records have been sent.
- If you feel some of the information is wrong, you may ask in writing that it be changed. If the change is denied, we will provide you in writing why we are not able to make the changes.
- You may request that we make additional limits on how we use or disclose your information. We must honor request not to bill a 3rd party payer, if you pay the bill in full. For other requests, we will consider but are not obliged to honor these requests.
- You may receive a paper copy of this notice.

To exercise any of these rights, mail your request to:

Ear, Nose & Throat Associates
HIPAA Privacy Officer
9711 Commerce Center Ct.
Fort Myers, FL. 33908

OUR DUTIES:

We are required by law to abide by the terms of this notice. In the event of a breach, that is, an unintended release of your information contrary to these practices, we will notify you via first class mail. From time to time we may make changes to our policies, and if when we do, your records will be protected by our new changed policies. Our current notice will always be available on our website, www.entassocftmyers.com.

If you have any questions about this notice, or you think that we have not protected your records and you wish to complain about any privacy or records access matter, please contact:

Ear, Nose & Throat Associates
HIPAA Privacy Officer
9711 Commerce Center Ct.
Fort Myers, FL. 33908

QUESTIONS OR COMPLAINTS:

We will never retaliate against you for filing a complaint. Further, if you are not satisfied with the results, you may also complain to the federal government.

Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Notice Revised and Effective January 29, 2015