

NOTICE OF PRIVACY PRACTICES FOR ALLEN EAR, NOSE AND THROAT ASSOCIATION

Effective date: April 14, 2003 Updated September 1, 2013

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

If you have any questions regarding this notice, you may contact our Privacy Officer:

Address: Niketu M. Patel, MD Telephone: 610-366-1366
Attn: Privacy Officer Fax: 610-366-7412
1575 Pond Rd, Ste 203
Allentown, PA 18104

I. Your Protected Health Information (PHI)

Allen Ear, Nose and Throat Association is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your PHI is individually identifiable health information that is transmitted by electronic media, maintained in electronic media or transmitted or maintained in any other form or medium.

Your medical and billing records at our practice are examples of information that usually will be regarded as your PHI.

II. Uses and disclosures of your PHI

A. Treatment, payment and healthcare operations

This section describes how we may use and disclose your PHI for treatment, payment and healthcare operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and healthcare operations purposes will be listed.

1. Treatment

We may use and disclose your PHI for our treatment purposes as well as the treatment purposes of other healthcare providers. Treatment includes the provision, coordination or management of healthcare services to you by one or more healthcare providers.

Some examples of treatment uses and disclosures include:

During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other. We may share and discuss your medical information with an outside physician to whom we have referred you for care or with whom we are consulting regarding you. We may share and discuss your medical information with an outside laboratory, radiology center or other healthcare facility where we have referred you for testing. We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other healthcare provider to whom we have referred you for healthcare services and products. We may share and discuss your medical information with a hospital or other healthcare facility where we are admitting or treating you. We may share and discuss your medical information with another healthcare provider who seeks this information for the purpose of treating you. We may use a patient sign-in sheet in the reception area that is accessible to all patients. We may page patients in the waiting room when it is time for them to go to an examining room. We may contact you to provide appointment reminders.

2. Payment

We may use and disclose your PHI for our payment purposes as well as the payment purposes of other healthcare providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer.

Some examples of payment uses and disclosures include:

Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service; submission of a claim form to your health insurer; providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement; sharing your demographic information (for example, your address) with other healthcare providers who seek this information to obtain payment for healthcare services provided to you; mailing your bills in envelopes with our practice name and return address; provision of a bill to a family member or other person designated as responsible for payment for services rendered to you; providing medical records and other documentation to your health insurer to support the medical

necessity of a health service; allowing your health insurer access to your medical record for a medical necessity or quality review audit; providing consumer reporting agencies with credit information (your name and address, date of birth, social security number, payment history, account number and our name and address); providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account; and disclosing information in a legal action for purposes of securing payment of a delinquent account.

3. Health care operation

We may use and disclose your PHI for our healthcare operation purposes as well as certain healthcare operation purposes of other healthcare providers and health plans.

Some examples of healthcare operation purposes include:

Quality assessment and improvement activities; population based activities relating to improving health or reducing health care costs; reviewing the competence, qualifications or performance of healthcare professionals; conducting training programs for medical and other students; accreditation, certification, licensing and credentialing activities; healthcare fraud and abuse detection and compliance programs; conducting other medical review, legal services and auditing functions; business planning and development activities, such as conducting cost management and planning related analyses; sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities that have purchased our practice; other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and disclosures for other purposes

We may use and disclose your PHI for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

1. Individuals involved in care or payment for care

We may disclose your PHI to someone involved in your care or payment for your care, such as a spouse, family member or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your postoperative care.

2. Notification purposes

We may use and disclose your PHI to notify or to assist in the notification of a family member, personal representative or another person responsible for your care, regarding your location, general condition or death. For example, if you are hospitalized we may notify a family member of the hospital and your general condition. In addition, we may disclose your PHI to a disaster relief entity, such as the Red Cross, so that it can notify a family member, personal representative or another person involved in your care regarding your location, general condition or death.

3. Required by law

We may use and disclose PHI when required by federal, state or local law. For example, we may disclose PHI to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments and blood alcohol testing.

4. Other public health activities

We may use and disclose PHI for public health activities, including public health reporting, for example, communicable disease reports; child abuse and neglect reports; FDA-related reports and disclosures, for example, adverse event reports; public health warnings to third parties at risk of a communicable disease or condition; and OSHA requirements for workplace surveillance and injury reports.

5. Victims of abuse, neglect or domestic violence

We may use and disclose PHI for purposes of reporting of abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

6. Health oversight activities

We may use and disclose PHI for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

7. Judicial and administrative proceedings

We may use and disclose PHI disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

8. Law enforcement purposes

We may use and disclose PHI for certain law enforcement purposes including to: comply with legal process, for example, a search warrant; comply with a legal requirement, for example, mandatory reporting of gun shot wounds; respond to a request for information for identification/location purposes; respond to a request for information about a crime victim; report a death suspected to have resulted from criminal activity; provide information regarding a crime on the premises; and report a crime in an emergency.

9. Coroners and medical examiners

We may use and disclose PHI for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death or facilitating their performance of other duties required by law.

10. Funeral directors

We may use and disclose PHI for purposes of providing information to funeral directors as necessary to carry out their duties.

11. Threat to public safety

We may use and disclose PHI for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

12. Specialized government functions

We may use and disclose PHI for purposes involving specialized government functions including: military and veterans activities; national security and intelligence; protective services for the President and others; medical suitability determinations for the Department of State, correctional institutions and other law enforcement custodial situations.

13. Worker's compensation and similar programs

We may use and disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's worker's compensation carrier if we treat you for a work injury.

14. Business associates

Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm or a law firm. We may disclose PHI to our business associates and allow them to create and receive PHI on our behalf. For example, we may share with our billing company information regarding your care and payment for your care so that the company can file health insurance claims and bill you or another responsible party.

15. Creation of de-identified information

We may use PHI about you in the process of de-identifying the information. For example, we may use your PHI in the process of removing those aspects that could identify you so that the information can be disclosed to a researcher without your authorization.

16. Incidental disclosures

We may disclose PHI as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

C. Uses and disclosures with authorization

For all other purposes that do not fall under a category listed under sections II.A and II.B, we will obtain your written authorization to use or disclose your PHI. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

III. Patient privacy rights

A. Further restriction on use or disclosure

You have a right to request that we further restrict use and disclosure of your PHI (i) to carry out treatment, payment or healthcare operations (ii) to someone who is involved in your care or the payment for your care, or (iii) for notification purposes. I further understand that I have the right to request that Allen Ear, Nose and Throat restrict how my medical record is used or disclosed to carry out treatment, payment or health care operations. Allen Ear, Nose and Throat must agree to the

request of an individual to restrict disclosure of protected health information about the individual to a health plan if the disclosure is for the purposes of carrying out payment on health care or health care operations and not otherwise required by law; and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the covered entity in full. To request a further restriction, you must submit a written request to our Privacy Officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

B. Confidential communication

You have a right to request that we communicate your PHI to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our Privacy Officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

C. Accounting of disclosures

You have a right to obtain, upon request, an “accounting” of certain disclosures of your PHI by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also, in limited circumstances, we may charge you for providing the accounting. To request an accounting, you must submit a written request to our Privacy Officer. The request should designate the applicable time period.

D. Inspection and copying

You have right to inspect and obtain a copy of your PHI that we maintain in a designated records set. This right is subject to limitations and we may impose a charge for the labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to our Privacy Officer. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

E. Right to amendment

You have a right to request that we amend PHI that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our Privacy Officer. The request must specify each changed that you want and provide a reason to support each requested change.

F. Paper copy of privacy notice

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our Privacy Officer.

IV. Changes to this notice

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all PHI that we maintain at the time of the change – including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in the waiting room for the practice.

V. Complaints

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our Privacy Officer. We will not retaliate against you for filing a complaint.

VI. Legal effect of this notice

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

HIPAA Privacy Notice Update Effective 09/23/13

1. You have the right to be notified following a breach of your unsecured PHI.
2. Uses and disclosures not described in this Privacy Notice will be made only with the authorization from the individual.
3. You have the right to restrict certain disclosures of PHI to a health plan if you pay for treatment at issue out of pocket in full.