

make the review of the denial and we will comply with the outcome and recommendation of from that review.

Right to Amend:

If you feel the medical information we have about you in your record is incorrect or incomplete, then you may ask us, in writing, to amend the information. The request must have your signature date and the reason for the request. We may deny the request if the information was not created by ENT, is not part of the information maintained by us, is not part of the information which you are allowed to inspect and copy, or the information is already accurate and complete.

Right to Request Restrictions:

You have the right to request a restriction or limitation on protected health information we use or disclose about you for treatment, payment or health care operations. You may also do the same for someone who is involved in your care, such as a friend or family member. You must make your request in writing and include the information you want to limit and to whom it is to apply. We are not required to comply with the request, but if we agree, we will comply unless the information is exempted from the consent requirement or we are required to disclose the information by law.

Right to an Accounting of Disclosures:

You have the right to request, in writing, a list of the disclosures we have made of medical information about you to others for purposes other than treatment payment or health care operations. We are not required to supply this information on disclosures prior to April 1, 2003. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Confidential Communications:

You have the right to request the method or location in which we communicate with you about medical matters, such as at work, home, by mail, etc. The request again has to be in writing, specifying how and where you would like us to contact you, and we will accommodate all “reasonable” requests.

Right to a Paper Copy of this Notice:

You have the right to a copy of this document, Notice of Privacy Practices for Protected Health Information (“Notice”), at any time from any of our medical offices.

Our Responsibilities

ENT is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with this Notice of our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or amendment.
- Accommodate your reasonable requests regarding methods to communicate protected health information with you.
- Accommodate your request for an accounting of disclosures subject to certain exceptions, restrictions and limitations.

ENT has the right and responsibility to change this Notice when necessary. The revisions or changes made will be effective for information we already have about you as well as any information we receive in the future. Each time you register at one of our offices, the current Notice is available upon request.

If you have question or would like to report a problem regarding the handling of your protected health information, you may contact **Maxine Shanks**, our Privacy Officer, at (423) 209-9104. If you believe your privacy rights have been violated, you may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address and telephone number is: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201 or call 1-877-696-6775.

Effective Date: April 15, 2003

**ASSOCIATES IN EAR, NOSE, THROAT/
HEAD & NECK SURGERY, PLLC**

Notice of Privacy Practices for Protected Health Information

Associates in Ear, Nose & Throat (ENT) is providing this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996. (HIPAA). The following information describes how medical information about you may be used and disclosed and how you can have access to this information. It is important that you review it carefully.

Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. Our offices are permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. The following are only some of the examples that describe the ways that we may use and disclose your medical information:

Uses and Disclosures Allowed by the Privacy Rule

Treatment Purposes:

ENT may disclose your medical information to others for treatment such as specialists to whom you are referred, pharmacists, hospital personnel, on requests of lab work or x-rays, etc. We may also disclose medical information about you to family members or other personal representatives authorized by you that may be involved in your medical care. We will also comply with a legal mandate naming a guardian or other person who has been named to handle your medical decisions should you become incompetent.

Payment Purposes:

We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. We could also need to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment before a referral is made to a specialist.

Health Care Operations:

We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services, but we shall endeavor at all times to advise them of their continued obligation to maintain the privacy of your medical records. In cases where your information is used with that of others for purposes such as medical studies, training programs, etc., we may remove information that identifies you specifically from your records.

Other business associates of ours such as cleaning services, repair and maintenance companies, lessors of our offices, etc. will be under confidentiality agreements with us for the duration of our associations with them.

Other Uses and Disclosures Allowed:**Patient Contact — Sign-in, Appointment and Recall Reminders:**

We may ask you to sign a “Sign In” log on the day of your appointment. We may contact you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. This contact may be by phone, in writing, etc. and may involve leaving a message on an answering machine which could (potentially) be received or intercepted by others. If you object to the use of the answering machine, please notify the office’s nursing staff or front receptionists.

Public Health Activities:

The law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

- ❖ to prevent or control disease, injury or disability;
- ❖ to report births and deaths;
- ❖ to report child abuse or neglect;
- ❖ to report reactions to medications or problems with products;
- ❖ to notify people of recalls of products they may be using;

- ❖ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ❖ to notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence, but only if the adult patient agrees or when required or authorized by law.

Workers’ Compensation:

We may release protected health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Organ and Tissue Donation:

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research:

Under certain circumstances, we may use and disclose information about you for research purposes regarding medications, efficiency of treatment protocols and similar purposes. Before we disclose information, the project will have been approved through a research approval process. If your information is made non-identifiable to you, an authorization is not required from you. If your information is being used with your name still attached to your protected health information, an authorization will be obtained from you unless you have previously waived the authorization.

Coroners, Medical Examiners and Funeral Directors:

ENT may waive your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Law Enforcement, Judicial/Administrative Proceedings:

We may disclose your medical information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury. The same is true for judicial or administrative proceedings as allowed or required by law.

Specialized Government Functions:

We may disclose your protected health information for specialized government functions as authorized by law, such as for certain military and veterans activities and for national security and intelligence activities.

Notification—Opportunity to Agree or Object:

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, general condition, or your death. Using our best judgment, we may disclose to a family member, close personal friend, or any other person you identify the health information relevant to that person’s involvement in your care or in payment for such care. This will be done only with your permission or in an emergency.

Other Uses and Disclosures:

Other uses and disclosures of your medical information besides those identified in the Notice will be made only as otherwise authorized by law or with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose personal medical information, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission, but we will honor your change in authorization upon receipt of the change.

Patient Health Information Rights

The medical and billing records that ENT maintains are the physical property of the Company’s. You have the following rights with respect to your protected health information:

Right to Inspect and Copy:

You have the right to inspect and copy your medical and billing information, excluding psychotherapy notes, by submitting a request in writing to our offices. With proof of an appropriate legal relationship, the records of others related to you or under your care may also be disclosed. If you request a copy of the information, we may charge a fee for the associated costs. We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request a review of the denial. An independent professional outside of ENT will