



# EAR NOSE & THROAT SPECIALTIES P.C.

## **Privacy Information**

Ear, Nose and Throat Specialties, PC is required by law to maintain the privacy of you health information, give you notice of our legal duties, privacy practices and your rights with respect to you health information, and to follow the terms of this notice. Health information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you. We will use and disclose your health information only with your permission, **except as described in this notice or as required by State or federal law.**

### **Who will follow this notice?**

Physicians of Ear, Nose and Throat Specialties, PC and the Physicians' Surgical Center  
Audiologists of Ear, Nose and Throat Specialties, PC  
All Employees of Ear, Nose and Throat Specialties, PC and the Physicians' Surgical Center

### **Uses and Disclosures Without Your Permission**

The following are the types of uses and disclosures we may make of you health information without your permission. Where State law restricts one of these uses or disclosures; we will follow State law. These are general descriptions only and do not cover every example of use and disclosure within a category.

#### **Treatment**

We will use and disclose you health information for treatment.

We will also disclose you health information to other providers, practitioners and health care facilities for their use in treating you in the future.

#### **Payment**

We will use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment and collection, claims management and medical data processing.

We will use your health information to prepare your bill and we will send medical information to your insurance company with you bill.

We may disclose you health information to other health care providers so they can receive payment for health care services that they provided you, such as laboratory services.

We may also provide information to other third parties or individuals who are responsible for payment for you health care.

#### **Health Care Operations**

We may disclose your health information for our health care operations.

We may disclose you information to other health care entities that have a relationship with you and need the information on you condition to assess the effectiveness of their surgical care.

#### **Business Associates**

We will disclose your health information to our business associates and allow them to create, use and disclose your health information to perform their job.

We will allow hearing aid companies to have your health information in order to make you hearing aid.

We require our business associates to protect you health information.

#### **Appointment Reminders**

We may contact you as a reminder that you have an appointment for treatment or medical services.

We may mail you a reminder to call us to schedule your next appointment.

#### **Treatment Alternatives**

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Family and Friends**

We may disclose your location to a family member or your personal representative.

If any of these individuals or others you identify are involved in your care, we may disclose information as is directly relevant to their involvement.

We will only release this information if you agree, are given an opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

We may also disclose your information to an entity assisting in disaster relief efforts to that your family or individual responsible for your care may be notified of your location and condition.

**Required By Law**

We will use and disclose your information as required by Federal, State or local law.

**Public Health Activities**

We may disclose health information about you for public health activities. These activities may include disclosures:

To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;

To appropriate authorities authorized to receive reports of child abuse and neglect;

To FDA-regulated entities for purpose of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or

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.

**Abuse, Neglect or Domestic Violence**

We will notify the appropriate government authority if we believe a patient has been the victim or abuse, neglect or domestic violence. Unless such a disclosure is required by law, we will only make this disclosure if you agree.

**Health Oversight Activities**

We may disclose health information to a health oversight agency for activities authorized by law.

**Judicial and Administrative Proceedings**

We may disclose your health information in response to a court or administrative order, a valid subpoena, discovery request, civil or criminal proceedings, or other lawful process.

**Law Enforcement**

We may release certain health information if asked to do so by a law enforcement official

**Deceased Individuals**

We may release health information to a coroner, medical examiners or funeral director as necessary for them to carry out their duties.

**Organ and Tissue Donation**

We may release health information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

**Research**

We may use and disclose your health information for research purposes only with your written permission.

**Threats to Health and Safety**

We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

#### **Specialized Government Functions**

We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services or the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your health information necessary for your health and the health and safety of other individuals.

#### **Workers' Compensation**

We may release health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

#### **Incidental Uses and Disclosures**

There are certain incidental uses or disclosures of your information that occur while we are providing services to you or conducting our business. We will make reasonable efforts to limit these incidental uses and disclosures.

#### **Other Uses and Disclosures**

Other uses and disclosures of your health information not covered above will be made only with your written permission. If you authorized us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

#### **Your Rights**

**Request for Voluntary Restrictions.** You have the right to request a restriction on how we use and disclose your health information for treatment, payment and health care operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree.

**Access to Health Information.** You may request to inspect and copy your health information. If you request copies, we may charge you a copying fee plus postage.

**Amendment.** You may request that we amend certain health information. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

**Confidential Communication.** You may request that we communicate with you about health care matters in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

**Copy of This Notice.** You have the right to receive a written copy of this notice upon request.

**How to Exercise These Rights.** All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Contact the Privacy Officer at ENT Specialties (402) 488-5600 for more information or to obtain request forms.

#### **Complaints**

Complaints or questions about your privacy rights must be made in writing through the contact information listed below.

If you believe your privacy rights have been violated, you may also submit a written complaint to the US Department of Health and Human Services. There will be no retaliation for filing a complaint.