

Required Uses and Disclosures.

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of federal regulations that protect the privacy of your protected health information.

**Your Rights Regarding Your Personal Health Information.**

You have the right to inspect and copy your protected health information. All requests to copy and review your information must be in writing and signed by you or your legal representative. If there is a cost, we will inform you in advance. We may charge for copying the information and for postage.

You have the right to amend your health information. You may request an amendment of your protected health information. The request may be denied if the information is correct and complete, or if it was not created by us. If your request is denied, we will inform you in writing with the reason(s) for the denial. If your request is denied, you may file a statement of disagreement with us.

You have the right to request a restriction to your health information. You may request we do not use your information for the purposes of treatment, payment or healthcare operations. If you request this, you will be personally responsible for the bill and payment arrangements will be discussed. You may request that any part of your information not be disclosed to family members or friends who may be involved in your care. This request should be made in writing. The physician is not required to agree to a restriction. We will try to abide by your request, however, the physician may believe the release of information would be in your best interest.

You have the right to a listing of certain disclosures of your health information. This request must be in writing and signed by you or your legal representative. This list will not include disclosures made for treatment, payment, healthcare operations, or directly to you, to your family or in our facility directory, that you have already authorized in writing, for national security purposes, for corrections or law enforcement staff or before April 14, 2003.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You may request that we send information on you to a different address or in a different method (e.g. via phone, fax). We must agree to your request as long as it can easily be done. We may use health information to send appointment reminders. If you prefer this to be done by a method other than mail, please inform us.

**Complaints.**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us or if you disagree with a decision that has been made about access to your protected health information. Please file your complaint in writing to:

Ohio ENT  
HIPAA Complaint Co-ordinator  
1810 Mackenzie Drive • Columbus OH 43220

Acknowledgement of Receipt of Notice.

You will be asked to acknowledge, on our consent form, receipt of this Notice of Privacy Practices.

# Ohio ENT

PEDIATRIC AND ADULT EAR, NOSE & THROAT

## 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.

*This notice is mandated by the Health Insurance Portability and Accountability Act of 1996. This notice is effective April 14, 2003.*

# Ohio ENT

PEDIATRIC AND ADULT EAR, NOSE & THROAT

**555 S. 18th St. Suite 6B  
Columbus, OH 43205  
(614) 273-2230**

**4300 Clime Road  
Columbus, OH 43228  
(614) 273-2230**

**974 Bethel Road Suite A  
Columbus, OH 43214  
(614) 538-2424**

**477 Cooper Rd. Suite 480  
Westerville, OH 43081  
(614) 273-2230**

**1830 Bethel Road  
Columbus, OH 43220  
(614) 273-2230**

**6499 East Broad Street  
Columbus, OH 43213  
(614) 273-2230**

# Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We will make a good faith effort to obtain a written acknowledgement that you received this Notice of Privacy Practices for Protected Health Information the first time we provide services to you after April 14, 2003 or as soon as reasonably practicable under the circumstances.

## **Uses and Disclosures of Protected Health Information.**

Your protected health information may be used and disclosed by your physician, or office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care bills and to support the operation of the physician’s practice. Following are examples of the types of uses and disclosures of your protected health care information that the physician’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

### Treatment.

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, we may disclose your health information to other physicians who may be treating you, or to a laboratory who may be providing assistance with your health care diagnosis or treatment.

### Payment.

We may use and share your health information, as needed, to obtain payment. This may include sharing information about your tests and care to your insurance company to arrange payment for your services. We may disclose your information with our business partners that help us with billing and claims. These businesses are under contract with us to protect the privacy of your information.

### Healthcare Operations.

We may use or disclose, your health information in order to support the business activities of the surgical practice. These activities could include; quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. Whenever your health information is disclosed to “third-party” business associate, we will have a written contract that will protect the privacy of your information. We may use your health information to provide you with information about treatment alternatives or other health-related benefits. This may include information regarding products or services that we believe may be beneficial to you.

## **Other Permitted and Required Uses and Disclosures that may be made without Your Consent, Authorization or Opportunity to Object.**

We may use or disclose your health information in the following situations without your acknowledgement or authorization:

### Required by Law.

We may use or disclose your health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosure.

### Public Health.

We may use or disclose your health information for public health activities such as reporting diseases, injuries, or disabilities. This would include reporting your information to a person who may have been exposed to a communicable disease. For deceased patients, we may be required to disclose your information to coroners, and funeral directors.

### Organ Donation.

We may disclose your health information if needed to arrange for organ or tissue donation from you or to give a transplant to you.

### Legal Cases or Law Enforcement.

We may disclose your health information as needed to report wounds, injuries and crimes, if there is a suspicion of child abuse or neglect, if we believe you are a victim of abuse, neglect or domestic violence, if we have received a court order, administrative tribunal, subpoena, discovery request or other lawful process.

### Food and Drug Administration.

We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects, product recalls, or to make repairs or replacements.

### Health Oversight.

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. This disclosure could go to government agencies that oversee the health care system and government benefit programs.

### Research.

We may disclose your health information for research when the research is approved by an institutional review board and established protocols are in effect to ensure the privacy of your information.

### Military Activity and National Security.

We may disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for a determination by the VA of your eligibility for benefits, or for national security and intelligence activities, including for the provision of protective services to the President.

### Workers’ Compensation.

We may disclose your health information to workers’ compensation agencies if needed for benefits determination.

### Inmates.

We may use or disclose your health information if you are an inmate of a correctional facility and your physician created or received your information in the course of providing care to you.