

## Alliance ENT & Hearing Center

### Notice of Privacy Practices Effective April 14, 2003

*To our patients.* This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully.

#### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. In complying with the law, we are providing you with this notice of our privacy practices. We are required to abide by the terms of this notice however, we reserve the right to revise, change or amend this notice. Any revision or amendment will be effective for all information that we already have about you, as well as any information that we may receive in the future. You may request a copy of our most current notice by calling our office at (401) 331-9690.

We realize that these laws are complicated, but we must provide you with the following important information.

#### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. **Payment:** We may use and disclose your health information for payment purposes. For example, we may disclose your health information to you're Insurance Company so that they can make a determination for proper payment.
2. **Treatment:** We may use and disclose your health information for treatment purposes. For example, we may disclose your health information to your Primary Care Physician so they know how you are responding to treatment. We may also provide other healthcare professionals (that we refer you to) with health information to assist them in testing or treating you.
3. **Health Care Operations:** We may use and disclose your health information to members of our medical staff, physicians or nurses to assess your care, the outcome of your treatment and the competence of your caregivers. We will use this information to continually improve the quality of the healthcare services we provide.
4. **Business Associates:** We provide some of our services through contracts with business associates. For example, a billing service to bill your Insurance Company and a transcription service to provide medical information to your Primary Care Physician or Referring Physician. When we use these services we may use or disclose your health information to the business associate so that they can perform the function we have contracted with them to do. To protect your health information we require the business associate to appropriately safeguard you're information.
5. **Caregivers and Communication with Family:** We may use or disclose your health information to a relative, friend or other person you identify, who is involved in your care or payment of your care unless you notify us in writing that you do not want such disclosures made.
6. **Appointment reminder calls:** We may use or disclose your health information while making our appointment reminder calls.
7. **Communications regarding new hearing aid availability:** We may send you information regarding new hearing aids unless you notify us in writing that you do not want such communications of this nature.
8. **To public health authorities and health oversight agencies that are authorized by law to collect information.**
9. **Lawsuits and similar proceedings in response to a court or administrative order.**
10. **If required to do so by a law enforcement official.**
11. **When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.**
12. **If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.**

13. To federal officials for intelligence and national security activities authorized by law.
14. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
15. For Workers Compensation and similar programs.

### **Your rights regarding your health information**

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You must submit your request in writing.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. We may charge a reasonable fee for copying your health information.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Your request may be denied under certain circumstances.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. You may request an accounting of certain disclosures of your health information. We may charge a fee for more than one request in any twelve-month period.
8. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice, would like to exercise your rights described in this notice or would like to file a complaint with us, please contact:

**Privacy Officer**

**Alliance ENT & Hearing Center**

**845 North Main Street, Suite 1**

**Providence, RI 02904**

**(401) 331-9690**

I hereby acknowledge that I have been presented with a copy of Alliance ENT and Hearing Center's Notice of Privacy Practices.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Patient (Please Print): \_\_\_\_\_