

## The Ear, Nose and Throat Surgical Associates

### Notice of Privacy Practices for Protected Health Information Effective April 14, 2003

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.**

#### Understanding Your Health Record Information

Each time you visit a hospital, physician or other healthcare provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment and a plan for future care of treatment. This information, often referred to as your medical record serves as a:

- ◆ Basis for planning your care and treatment.
- ◆ Means of communication among the many health professionals who contribute to your care.
- ◆ Legal document describing the care you received.
- ◆ Means by which you or a third-party payer can verify that you actually received the services billed for.
- ◆ A source of information for public health officials charged with improving the health of the regions they serve.
- ◆ A tool to assess and improve the appropriateness and quality of care you received and to achieve better patient outcomes.

#### Your Rights Under the Federal Privacy Standard

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

- ◆ Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. "Health care operations" consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under 164.502(a) (2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring an authorization). The latter uses and disclosures include, for example, those required by law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. We do not, however, have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and if the method of communication is reasonable, we must grant the alternate communication request.
- ◆ Obtain copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility, you will be provided with a hard copy at the time of your visit.
- ◆ Inspect and obtain a copy of your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access.
- ◆ A reason for denying access would be if a licensed healthcare professional has determined, in the exercise of professional judgment, the access is reasonably likely to endanger the life or physical safety of the individual. Access may also be denied if the notes, scans, and/or lab results have not yet been reviewed by the licensed healthcare professional.

#### We Reserve the Right to Charge a Reasonable, Cost-Based Fee for Making Copies

- ◆ Request amendment/correction of your health information.  
We do not have to grant the request if:
  - ◆ We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
  - ◆ The records are not available to you as discussed immediately above.
  - ◆ The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why and how you may attach a statement of disagreement to your records (which we may rebut), and how you may complain. If we grant the request, we will make the correction to those who need it and those you identify to us that you want to receive the corrected information.

- ◆ Obtain an accounting of "non-routine" uses and disclosures which are those other than for treatment, payment and health care operations. Included you will find written "Examples of Disclosures for Treatment, Payment, and Healthcare Operations". We do not need to provide accounting for:
  - ◆ National security or intelligence purposes under 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16.)
  - ◆ To correctional institutions or law enforcement officials under 164.512(k)(5) disclosures not requiring consent, authorization, or an opportunity to object.)
  - ◆ Those that occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include:

- ◆ Date of each disclosure
  - ◆ Name and address of the organization or person who received the protected health information.
  - ◆ Brief description of the information disclosed.
  - ◆ Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.
- ◆ Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on the authorization.

### **Our Responsibilities Under the Federal Privacy Standard**

In addition to providing you your rights as detailed above, the federal privacy standard requires us to:

- ◆ Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- ◆ Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- ◆ Abide by the terms of this notice.
- ◆ Train our personnel concerning privacy and confidentiality.
- ◆ Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- ◆ Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will provide you with a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice or otherwise required by law.

### **How to Get More Information or To Report a Problem**

If you have questions, would like to file a complaint, or would like additional information, you may contact the privacy officer, Julie McClain, at 407-644-4883 or 407-834-9120 extension 128. Individuals will in no way be retaliated against for filing a complaint.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

*We will use your health information for treatment.*

Example: A physician, nurse, or other member of your healthcare team will record information in your healthcare record to diagnose your condition and determine the best course of treatment for you. The caregiver will give treatment orders and document what she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their findings. In that way, your caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professionals, or a subsequent healthcare provider with copies of your record to assist them in treating you once we are no longer treating you.

*We will use your health information for payment.*

Example: We may send a bill to you or a third party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

*We will use your health information for health operations.*

FHHS: We participate in Florida Hospital Healthcare System (FHHS) Organized Health Care Arrangement (OHCA). An individual's protected health information may be used and disclosed for health care operations of the OHCA. Each covered entity participating in the OHCA shall only be liable for its own violations of the applicable law. In no event are participating providers of FHHS jointly and/or severally liable for the acts or omissions of other individual participating providers in the OHCA.

Example: Members of the medical staff and/or management may use the information in your health record to assess the care and outcomes in your case and the competence of your caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services we provide.

*Business Associates:* We provide some services through contracts with business associates. Examples include certain diagnostic tests, a dictation service for medical records, and the like. When we use these services, we may disclose your health information to the business associate so they can perform the functions we have contracted with them to do.

*Marketing/Continuity of Care:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and alternatives or other health-related benefits and services that may be of interest to you.

*Worker's Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.