

NOTICE OF PRIVACY POLICIES FOR WELLENDORF ENT

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At WELLENDORF ENT, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit WELLENDORF ENT, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. Understanding what is in your record and how your health information is used helps to ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Federal law grants you certain right with respect to your Protected Information. Specifically you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information.
- Request that certain uses and disclosures of your Protected Information be restricted, provided however, we have the right to refuse your request.
- Access to your Protected Information, provided however, the request must be in writing and may be denied in certain limited situations.
- Request that your Protected Information be amended.
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years.
- Revoke in writing any prior authorization for use or disclosure of Protected Information, except to the extent that action has already been taken.
- Request communications of Protected Information are done by reasonable alternative means or at alternative locations.

Our Responsibilities

Federal law also imposes certain obligations and duties upon us with respect to your Protected Information. Specifically, WELLENDORF ENT is required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your Protected Information.
- Maintain the confidentiality of your Protected Information.
- Review your requested restrictions regarding the use and disclosure of your Protected Information and inform you if these restrictions will be used.
- Allow you to inspect and copy your Protected Information during our regular business hours with a scheduled appointment pursuant to any legal restrictions. Please contact our Privacy Officer for fees and/or an explanation of our fee structure for copies, staff time charges and postage.
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment is appropriate.
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods.
- Abide by the terms of this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received written revocation of the authorization according to the procedures included in the authorization.

How Your Protected Information May Be Used and Disclosed

Generally your Protected Information may be used and disclosed for treatment, payment or operations as required by law. This includes a variety of areas:

We will use your health information for treatment.

We may use or disclose your Protected Information for treatment purposes, including continuing care and case or care management. During your care at our office, it may be necessary for various personnel, including but not limited to, physicians, nurses, or other members of your health care team involved in your care to access to your Protected Information in order to provide you quality care.

We will also provide your physician and or a subsequent health care provider outside of our office with copies of various reports that should assist him or her in treating you with your current or future care.

We will use your health information for payment.

Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company or other third party payers. Bills requesting payment will usually include information which identifies you, your diagnosis and any procedures or supplies used. It may also be necessary to release Protected Information to obtain prior approval for treatment from your health insurance.

We will use your health information for regular health operations.

Your Protected Information may be used for facility operations which are necessary to ensure our office provided the highest quality of care. For example, your Protected Information may be used for learning or quality assurance purposes. We may also remove information which could identify you from your record so as to prevent others from learning who the specific patients are.

Emergency Use:

In an emergency situation exists and providing you with this notice is not practicable, we may use or disclose Protected Information to the extent necessary during the emergency.

Notification:

Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying you, a family member, or other person responsible for your care. This may include, but not limited to, voicemail messages, postcards or letters. In most cases Protected Information disclosed for notification purposes will be limited to your name, location and general condition.

Research:

Your Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In some cases, information which identifies you as the patient will be removed.

Special Circumstances

The law specifically requires us to use or disclose Protected Information in the following special circumstances:

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.

Health Care Oversight:

Your Protected Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our office or our office's compliance with certain laws and regulations.

Judicial and Administrative Procedures

If you are involved in a lawsuit or other administrative proceedings, we may release Protected Information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Information pursuant to a subpoena or discovery request but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in a favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.

Victims of Abuse or Neglect:

We may disclose your Protected Information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. This Protected Information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others. If you are incapacitated and unable to agree to such a disclosure, we may release your Protected Information for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity and the information will not be used, in any way, against you.

Law Enforcement:

We may disclose health information for law enforcement purposes as required by law or in response to a valid court order, warrant, subpoena/summons or administrative request.

Communication With Family:

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, your Protected Information relevant to that person's involvement in your care or payment related to your care, only if you agree that we may do so.

Coroner, Medical Examiners, Funeral Directors:

We may disclose Protected Information to a coroner, medical examiner and to funeral directors consistent with applicable law to carry out their duties.