

## Southtowns Ear, Nose & Throat, LLP.

### Notice of Privacy Practices

This notice describes how medical information about you at Southtowns Ear, Nose & Throat, may be used and disclosed and how you can obtain access to your individually identifiable health information. **Please review it carefully.** To review the entire Rule see the OCR website: <http://www.hhs.gov/ocr/hipaa>.

We are required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice and make the revised notice effective for all protected health information we maintain. You can request a copy of our most current privacy notice from our office.

**Permitted Uses and Disclosures** for purposes of treatment, payment and health care operations.

- Treatment means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.
- Payment means activities we undertake to obtain reimbursement of the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.
- Health care operations mean the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning development, management and administrative activities.

**Disclosures Related to Communications with You or Your Family** we may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you or relate specifically to your medical care through our office.

We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment.

We may disclose your medical information, without notice to you, or authorization by you in such situations when required by law; public health risks; to report births and deaths; to report victim of abuse, neglect, or domestic violence; to report reactions to medications; organ and tissue donation; required by military and veterans if you are a member of the armed forces of the United States; persons under the food and drug administration's jurisdiction to track products or to conduct post-marketing surveillance; required by a coroner or medical examiner; required by law in judicial or administrative proceedings; required for law enforcement purposes for a law enforcement official; permitted by law to prevent a serious threat to health or safety; to assist in disaster relief efforts when authorized by law.

New York State law provides additional protection for information regarding HIV/AIDS. Southtowns Ear, Nose & Throat, will provide upon request this authorization form to comply with New York State law.

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**Your Rights** to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request. You have the right to obtain a copy of the protected health information contained in your medical and billing records and in any other practice records used by us to make decision about you, except for the following: Mental health professional documenting conversation during a private counseling session and Psychotherapy notes; information compiled for use in a civil or criminal or administrative action or proceeding; protected health information involving laboratory tests when your access is required by law; if you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you; if your protected health information is contained in records kept by a federal agency or contractor when your access is required by law; if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

We may also deny a request for access to protected health information if: a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person; the protected health information makes reference to another person unless such other person is a health care provider; the request for access made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny a request for access for any of the reasons in the previous paragraph then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

You have the right to request a correction to your protected health information, but we may deny your request for correction, if we determine that the protected health information or record that is the subject of the request: was not created by us; is not part of your medical or billing records; is not available for inspection as set forth above; is not accurate and complete. In any event, any agreed correction will be included as an addition to, and not a replacement of, already existing records.

You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the period provided by law, except for disclosures: to carry out treatment, payment and health care operations as provided above; to persons involved in your care or for other notification purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; that occurred prior to April 14, 2003; that are otherwise not required by law to included in the accounting.

You have the right to request and receive a paper copy of this notice from us.

The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us. Southtowns Ear, Nose & Throat, LLP. 3075 Southwestern Blvd. Suite 102 Orchard Park, NY 14127.

If you believe your privacy rights have been violated, you should immediately contact our Practice or the Secretary of the Department of Health and Human Services in writing.