

NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW THIS INFORMATION MAY BE ACCESSED.

Personal health information (PHI) is any information, whether oral or recorded in any form that is created or received by us as it relates to your past, present, or future physical or mental health or condition, to the provision of health care to you, or the payment for your health care. We are required by law to maintain the privacy of your PHI and give you notice regarding our privacy practices, our legal duties, and your rights concerning your PHI. As our patient, you are bound by the terms of the notice currently in effect. We reserve the right to refuse treatment. We reserve the right to change our privacy practices and the terms of this notice at any time for all health information that we maintain, including health information we created or received before these changes were made. Following significant revisions of our privacy practices, a new notice will be available upon request. You may request a copy of our policies at any time.

PHI is used and disclosed about you for the following purposes:

- ❖ **Treatment** from your physician or other healthcare providers or to other physicians or healthcare providers.
- ❖ To obtain **Payment** for services that were provided to you.
- ❖ Service provided in connection with our **Healthcare Operations**. These include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professional, evaluating practitioner and provider performance, conducting training, accreditation, certification, or licensing activities.

Authorizations must be given in a signed Release Form giving us permission to use specified PHI for specific purposes or to disclose PHI to a third party specified by you. You may revoke these authorizations at any time. We may disclose your PHI to a family member, friend or other person to the extent necessary to aid in your healthcare or payment for your healthcare only with your permission. We intend to contact you to provide appointment reminders or information about your treatment alternatives by phone or letter.

PHI may be used and disclosed *without consent or authorizations* for public purposes as required by law and involve:

- ❖ Public health activities
- ❖ Victims of abuse
- ❖ Judicial and administrative proceedings and law enforcement
- ❖ Descendants, coroners, and medical examiners
- ❖ Imminent threat to the health or safety of you or the public
- ❖ Military and intelligence functions
- ❖ Workers compensation

Your rights as a patient include the right to:

- ❖ Receive notice of our privacy policy and practices.
- ❖ Request restrictions on certain uses and disclosure to other of your PHI, however we are not required to agree to the requested restriction.
- ❖ Receive confidential communication of PHI by an alternative method than our typical form of communication. This request must be in writing.
- ❖ Inspect and obtain a copy your PHI.
- ❖ Receive an accounting of disclosures of PHI
- ❖ Receive a paper copy of this notice if the notice was received electronically (by email) upon request.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, please contact us immediately. You may also submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information.

Associates of Ear, Nose & Throat Surgery
324 West Main, Suite 100
Lewisville, TX 75057
Phone (972) 420-7212 Fax (972) 420-8812
Contact Officer: Michelle Millward, M.A., CCC-A

**Acknowledgement of
NOTICE OF PRIVACY PRACTICES
Of
ASSOCIATES OF EAR, NOSE & THROAT SURGERY**

I, _____ have been made aware of Associates of Ear, Nose, & Throat Surgery’s Notice of Privacy Practices. This notice is posted in the patient waiting area and a copy of the notice is available to me upon my request.

Signature

Printed Name

Date

❖ FOR OFFICE USE ONLY ❖

We attempted to obtain written acknowledgement from the above patient regarding our Notice of Privacy Practices, however acknowledgement could not be obtained for the following reason:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgment

_____ Other (please specify):

