

**EAR, NOSE, AND THROAT CONSULTANTS
OF EAST TENNESSEE, P.C. (ENTCET)**

Notice of Privacy Practices

Effective Date: 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.**

This notice describes ENTCET's policies, which extend to: any health care professional authorized to enter information into your chart; all areas and employees of ENTCET (front desk, administration, billing and collection, etc.); and our business associates (including billing services or facilities to which we refer patients, etc.)

Our practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OUR OBLIGATIONS AND THOUGHTS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI):

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As your patient, we create paper and electronic medical records about your health, our care for you and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements. We are required by law to:

- make sure that the protected health information about you is kept private;
- provide you with this Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- follow the conditions of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION (PHI) ABOUT YOU:

The following categories describe different ways that we use and disclose PHI that we have and share with others. Although not every use or disclosure in a category will be listed, all of the ways we are permitted to use and disclose PHI will fall within one of these categories. The explanation is provided for your general use only.

- **Medical Treatment.** We use previously given medical information about you to provide you with current or prospective medical treatment or services. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Different areas of ENTCET also may share medical information about you including your record(s), prescriptions, requests of lab work and x-rays, etc. We may also discuss your medical information with you to recommend possible treatment options. We also may disclose medical information about you to people outside our practice who may be involved in your medical care which may include your family members or other personal representatives authorized by you or by a legal mandate.
- **Payment.** We may use and disclose medical information about you for services and procedures performed so they may be billed and collected from you, an insurance company, or any third party. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations.** Your health information may be used as necessary to support the day-to-day activities and management of ENTCET. For example, information about the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. We may disclose information to other health care professionals for review and learning purposes within our Practice or we may remove information that identifies you from this set of medical information so others may use it to study health care without being able to identify the patients.
- **Appointment and Patient Recall Reminders.** We may ask that you "sign in" at the reception desk on a log on the day of your appointment with ENTCET. We may use and disclose medical information to contact you as a reminder that you have an appointment with ENTCET or to reschedule an appointment. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machine(s) or otherwise which could (potentially) be received or intercepted by others.
- **Emergency Situations.** We may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.
- **Research.** With consent, we may use and disclose information necessary for research purposes. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We will obtain an authorization from you before disclosing your individually identifiable health information unless the authorization requirement has been waived. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.
- **Law Enforcement.** Your health information will be disclosed to law enforcement agencies when required to do so by federal, state or local law. PHI may also be disclosed to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting. We also may use and disclose PHI if necessary to prevent or lessen a serious threat to someone's health and safety. Any such disclosure, however, would only be to someone able to help prevent or lessen the threat. We also may release PHI if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; if about the victim or a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; if about a death we believe may be the result of criminal conduct; if about criminal conduct at the Practice; and/or if in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate such donation or transplantation.
- **Worker's Compensation.** We may release PHI as required by worker's compensation or programs providing benefits for work-related injury or illness.

- **Public Health Risks.** Law or public policy may require us to disclose PHI for public health activities in order to: prevent or control disease, injury or disability; report births and deaths; report reactions to medications or problems with products; notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Investigation and Government Audits.** We may disclose PHI to a local, state or federal agency for activities authorized by law. These oversight activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.
- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors to perform their duties.
- **Specialized Government Functions.** We may release PHI for specialized government functions. For example, if a patient is a member of the armed forces, we may release PHI as required by military command authorities or to authorized officials for national security activities. If a patient is an inmate of a correctional institution or in the custody of law enforcement, we may release that patient's PHI to such institution or to a law enforcement official.

CHANGES TO THIS NOTICE:

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well any information we may receive from you in the future. The effective date of this Notice and any revised Notice may be found on the first page. Each time you visit ENT CET you may request a copy of the current Notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with ENT CET or Health and Human Services. To file a complaint with ENT CET, contact our Compliance Officer (865-693-6065). All complaints must be submitted in writing, and all complaints will be investigated. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you authorize us to use or disclose PHI about you, you may revoke that authorization, in writing, at any time, by providing notice of such intent to our Compliance Officer. (Call 865-693-6065 for more information). If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission. Further, we are required to retain our records of the care that we provided to you.

PATIENT RIGHTS:

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF ENT CET REGARDING THE USE AND DISCLOSURE OF YOUR PHI.

You have the following rights regarding medical information (PHI) we maintain about you:

- **Right to Inspect and Copy.** You may inspect and copy PHI used to make decisions about your care. Usually this includes medical and billing records, but does not include certain psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your medical record, you must submit your request in writing to our Compliance Officer or designee. (Call 865-693-6065 for more information). If you request a copy of the information, we may charge a fee for the costs of copying, mailing and/or other supplies associated with your request. We may deny your request to inspect and copy in limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by ENT CET will review your request and the denial. The person conducting the review will not be the person who originally denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as ENT CET maintains your medical record. Your amendment request must be submitted in writing to our Compliance Officer, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the PHI kept by ENT CET; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting of Disclosures.** You may request an "accounting of disclosures" that lists certain disclosures we made of PHI about you to others. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *We are not required to agree with your request.* If we do agree, we will comply with your request unless the information is exempted from the consent requirement or we are otherwise required to disclose the information by law. To request restrictions, you must make your request in writing to the ENT CET Compliance Officer and indicate: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (disclosures to your children, parents, etc.)
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Compliance Officer. We will not ask you the reason for your request. Your request must specify how or where you wish us to contact you.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.