

## Other Uses of Medical Information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. You understand that we are unable to take back any disclosures we have already made with your permission. We will continue to comply with laws that require certain disclosures and we are required to maintain records of the care that we provide to you.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the medical information about you that we maintain. You must submit your request in writing to the Privacy Official at the name and address at the end of this brochure. Kentucky law allows for one free copy of your medical record. We may charge a fee for the costs of copying, mailing or other supplies associated with requests for additional copies. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

**Right to Amend Your Medical Information:** You have the right to ask us to amend medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the Privacy Official listed at the end of this Notice.

**Right to an Accounting of Disclosure:** You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

**Right to Request Restrictions:** You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations for items or services that you have paid in full out of

pocket, or to restrict the information that is provided to family, friends and other individuals involved in your health care. We are not required to agree to any restrictions you request. If we do agree, we are bound by our agreement unless the information is needed to provide you treatment, in an emergency situation, or is otherwise required by law. To request restriction, submit your request in writing to the Privacy Official listed at the end of this Notice.

#### **Internet, Electronic Mail, and the Right to Obtain Copy of Paper**

**Notice on Request:** If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. You are entitled to receive a paper copy of this Notice. To obtain a copy of this notice, ask any of our staff or our Privacy Official.

**Right to Breach Notification:** We are required to notify you of any unsecured medical information that has been, or is reasonably believed to have been accessed, acquired or disclosed due to a breach.

### **COMPLAINTS**

If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your medical information, you may contact our Privacy Official at the address or phone number listed at the end of this Notice. You may also file a written complaint with the Office for Civil Rights (OCR) of the US Department for Health and Human Services. When you ask, our Privacy Official will provide you with the correct address of the OCR. We will not take any action against you if you file a complaint with us or with the OCR.

Patient satisfaction and quality of care are important to us. We work to address patient complaints and grievances in a timely manner and to improve the service provided to our patients. If you or your representative have a complaint or grievance or would like to express concerns about your care and safety, please contact the Practice Manager at the address and phone number at the end of this Notice.

HIPAA Privacy and Practice Grievance Official  
Bluegrass Ear, Nose & Throat Clinic  
205 Floyd Clay Drive, Suite 3  
Winchester, KY 40391  
859 745-1010



205 Floyd Clay Drive • Suite #3 • Winchester, KY 40391

859-745-1010 Local • 866-966-7468 Toll Free

# Notice of Privacy Practices



**NOTICE OF PRIVACY PRACTICES  
EFFECTIVE 03/26/2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY!**

**If you have any questions, please contact our Privacy Official whose name, address and phone number are at the end of this brochure.**

**OUR LEGAL DUTY**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to maintain the privacy of your protected health information (PHI). In accordance with state and federal law, we are required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information.

**OUR COMMITMENT TO YOU**

We understand that medical information about you is personal, and we are committed to maintaining the privacy of your health information. We create a record of the care and services at our Practice to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by our Practice. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices concerning your medical information.
- Follow the terms of this notice that is currently in effect.

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. If we change this notice we will post the new notice in the lobby of our Practice, offer you a copy of the new notice and ask you to acknowledge in writing your receipt of the notice.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

**Treatment:** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other personnel taking care of you. We may share your information to schedule tests, x-rays, or order prescriptions. We may discuss your health information with other healthcare professionals outside our Practice and those involved with your care after you leave our Practice, such as family members, diagnostic testing facilities, hospitals and pharmacists.

**Payment:** We may use and disclose your medical information to bill and collect payment from you, an insurance company or another third party, for the treatment and services you receive from us.

**Operations:** We may use your medical information as necessary, and as permitted by law, for our healthcare operations, including clinical improvement, professional peer review, business management, accreditation and licensing, etc.

**Business Associates:** There are instances when services are provided to our Practice through contracts with "business associates." Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy as we require of our own employees.

**Family and Friends Involved in Your Care:** With your approval, we may disclose your medical information to designated family, friends and others involved in your care or in payment of your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited medical information with such individuals without your approval.

**Fundraising:** We may contact you to donate to a fundraising effort on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications by sending your name and address to our Privacy Official whose name and address is at the end of this brochure. We may not base your treatment or payment on your choice to opt out of any fundraising communications.

**Marketing:** We are required to receive your written permission to use or disclose your medical information for marketing, except when the communication is face-to-face with you; or a promotional gift of nominal value provided by our Practice. It is not considered marketing to send you information related to your individual treatment, case management or to direct or recommend alternative treatment, therapies, healthcare providers or settings of care. These may be sent without written permission. If the marketing results in financial remuneration to our Practice by a third party, we will state this on the authorization.

**Highly Confidential Information:** We must receive your authorization for any use or disclosure of psychotherapy notes; alcohol and drug abuse prevention, treatment and referral; HIV/AIDS testing, diagnosis and treatment; sexually transmitted diseases; genetic testing; child abuse and neglect; domestic abuse of an adult with a disability; sexual assault; or In Vitro Fertilization; except for use by the originator; as needed to carry out treatment, payment or operations; or as otherwise required by law.

**Sale of PHI:** We must receive your authorization for any disclosure of your medical information which results in a sale. Such authorization will state that the disclosure will result in remuneration for our Practice.

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

**Disclosures Required by Law:** We will use and disclose your medical information when required to do so by federal, state and/or local law.

**Serious Threat to Health or Safety:** We may disclose your medical information to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure would only be made to someone able to help prevent the threat.

**Special Situations**

**Public Health Risks:** We may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, disability; to report births and deaths; to report child abuse, neglect, or violence; to report reactions to medications or problems with products; to notify people of recalls of products and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose your medical information to a health oversight agency for activities such as audits, investigations, inspections and licensing of our facilities, and of the providers who treat you. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws.

**Lawsuits and Disputes:** We may disclose your medical information in response to a court or administrative order or a search warrant. We may also disclose information in response to subpoenas, discovery requests, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information the party has requested.

**Law Enforcement:** Subject to certain conditions, we may disclose your medical information for a law enforcement purpose as requested by federal state or local law enforcement.

**Military and Veterans:** We may disclose your medical information if you are a member of the US or foreign military forces as required by military command authorities.

**Workers' Compensation:** We may release your medical information to provide benefits for work-related injuries and illness to the extent authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.

**National Security and Intelligence Activities:** We may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities as authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement, we may disclose your medical information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the institution.

**Research:** We may use or release your medical information for research, including clinical trials and related purposes. All research projects require a special approval process before they begin and may require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you.

**Organ and Tissue Donation:** If you are an organ donor, we may release information to organizations that handle organ procurement or transplantation, as necessary to aid in its process.