

# HIPAA Notice Of Privacy Practices

**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 of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

## Uses and Disclosures of PHI

Your PHI may be used and disclosed by your physician, our office staff and others outside of your office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

## For Treatment

We may use your protected health information to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians or other personnel or third parties who are involved in taking care of you. For example, we will share your PHI with a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Different members of our workforce also may share your protected health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

You may have the right to have your physician amend your PHI.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to have an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice. If this happens, we will provide you with an updated notice on your next office visit.

**Complaints:**

You may file a complaint with our privacy contact, Eleanor Predom at 31 Broadway, North Haven, CT 06473, (203) 234-1324 or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003.

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We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and responsibilities and privacy practices with respect to PHI. Your signature to this statement is only an acknowledgement that you have received a copy of our Notice of Privacy Practices.

Ear, Nose & Throat Medical and Surgical Group  
31 Broadway, North Haven, CT 06473  
46 Prince St, New Haven, CT 06519  
954 Main St, Branford, CT 06405

You may revoke this authorization, at any time, in writing.

Except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Following are statements of your rights with respect to your PHI:**

You have the right to inspect and copy your PHI.

Under Federal Law, however, you may not inspect or copy the following records;

- Psychotherapy Notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding
- PHI that is subject to law that prohibits access to PHI

You have the right to request a restriction of your PHI.

This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request a confidential communication from us by alternative means or at an alternate location.

### For Payment

We may use and disclose your PHI so that the treatment and services we provide may be billed and payment collected from you, an insurance company or a third party. For example; we may inform your health insurance provider about treatment that we intend to provide so that we can obtain any necessary approval or to confirm coverage for treatment.

### Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment, employee review, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office, call you by name in the waiting room when your physician is ready to see you or, disclose your PHI, as necessary to contact you to remind you of your appointment.

### Disclosure Without Your Authorization

We may use or disclose your protected health information without your authorization under the following circumstances as required by law:

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| Public Health Issues                      | Communicable Diseases |
| Cases of Abuse or Neglect                 | Health Oversight      |
| Legal Proceedings                         | Law Enforcement       |
| Coroners/Funeral Directors                | Organ Donation        |
| Research                                  | Criminal Activity     |
| Military Activity                         | National Security     |
| Food and Drug Administration Requirements |                       |
| Workers Compensation Cases                |                       |

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164-500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.