Midwest Ear Nose and Throat Surgery, PSC

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.

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your protected health information (PHI) is never compromised is a primary concept of our practice as well as a federal requirement in the Health Insurance Portability and Accountability Act (HIPAA). We may amend our privacy policies and practices but will always inform you of any changes that might affect your rights. We reserve the right to call or contact you electronically to confirm or reschedule your appointment.

Protecting Your Personal Healthcare Information

We may use and disclose your PHI for:

- The care and treatment provided for health care services to you.
- We may use and disclose your PHI To pay your health care bills and to support the operations of your physician's practice such as coordinating your care.
- As required by law and will be limited to the relevant requirements of the law.
- To the public health authorities for public health activity's purpose that are permitted by law such as preventing or controlling disease, injury, disability and exposure to a communicable disease or risk of contracting or spreading a disease or condition.

Disclosure of your Protected Health Information

- Agencies authorized by law for audits, investigations, and inspections such as government agencies who oversee health care systems, government benefit programs and other civil rights laws.
- Public health authority authorized by law to receive reports of child abuse or neglect. In addition, we may disclose PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.
- Authorized person or company by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities such as tracking products, enable product recalls, or conduct post marketing surveillance as required by law.
- Any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or conditions to a subpoena. Law enforcement for the purposes of locating a suspect, fugitive, material witness or missing person.
- A funeral director, coroner or medical examiner for identification purposes, determining cause of death or to perform duties authorized by law.
- Research regulated and approved by an institutional review board.
- Appropriate conditions such as for individuals who are Armed Forces personnel, as deemed necessary by appropriate military command authorities; by the Department of Veterans Affairs; to foreign military authorities if you are a member of that foreign military service; for the purpose of conducting national security and intelligence activities including provisions of protective services to the President or others legally authorized.
- Comply with workers' compensation laws.
- Your provider of care if you are an inmate of a correctional facility.

Patient Rights

- Other use and disclosure of your PHI will be made only with your written authorization unless otherwise permitted or required by law.
- You may revoke this authorization in writing at any time. If you revoke your authorization, we will not use or disclose your PHI for the specifications of the written agreement.
- You have the right to inspect and copy your PHI for as long as we maintain the PHI. You may not inspect or copy psychotherapy notes, information compiled in anticipation of a civil or criminal proceeding, laboratory results that are subject to law the prohibits access, if you signed your authorization rights due to a trial program. As permitted by federal law, we may charge you a reasonable copy fee for a copy of your records.
- You have the right to request a restriction of your PHI for the purpose of treatment, payment or health care operations when payment for the treatment has been made in full from out of pocket expense. You may also request PHI not be disclosed to family members or friends who may be involved in your care. Your physician is not required to agree to a restriction that you may request.
- You have the right to request confidential communication by alternative means or locations.
- You have the right to have your physician amend your PHI, in certain cases we may deny your request for amendment.
- Your PHI cannot be used for marketing products and services without authorization from you.
- You have the right to receive an accounting of certain disclosures we have made, if any, on your PHI. This excludes disclosures we may have made for you if you authorized us to make the disclosure, for participating physicians who consult or assist with your care, for national security or other law enforcement disclosures.
- You have the right to complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint.